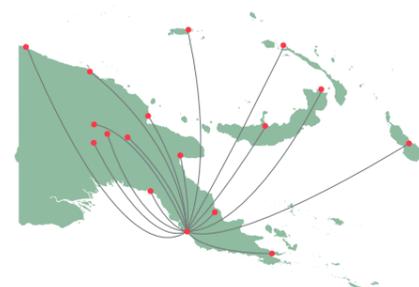




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SUPPORTING SURVIVORS OF  
GENDER-BASED VIOLENCE AND  
CHILDREN IN NEED OF CARE  
AND PROTECTION.**



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1-Tok Kaunselin Helpim Lain is now on Facebook  
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# 1-Tok Kaunselin Helpim Lain:

**A report on the second phase  
of operation: 2019-2023**

**Kolim fri  
Helpim Lain!  
We listen and  
help**



**7150 8000**

A partnership between



## About ChildFund PNG

ChildFund Papua New Guinea is affiliated with ChildFund Australia – an independent international development organisation that works to reduce poverty for children in developing communities.

ChildFund Australia is a member of the ChildFund Alliance – a global network of 11 organisations which assists almost 36 million children and their families in 70 countries. ChildFund Australia is a registered charity, a member of the Australian Council for International Development, and fully accredited by the Department of Foreign Affairs and Trade, which manages the Australian Government’s overseas aid program. ChildFund began work in Papua New Guinea (PNG) in 1994, and works in partnership with children, their communities and local institutions to create lasting change, respond to humanitarian emergencies and promote children’s rights.

## About FSVAC

The Family and Sexual Violence Action Committee (FSVAC) is a Sectoral Committee of the Consultative Implementation and Monitoring Council (CIMC). CIMC is established by the National Executive Council and is administered by the Institute of National Affairs, a private non-profit research institute. FSVAC was established in 2000 and mandated to address family and sexual violence in PNG.

FSVAC works towards minimising the risks and addressing the harm caused by physical, sexual and psychological violence, especially between family members in the home environment. FSVAC strengthens referral pathways to increase access to support services and justice for survivors. The role of FSVAC is to provide coordination, networking, advocacy and capacity building services to its network partners. FSVAC is the project’s key implementing partner. It provides valuable support, and assists with advocacy for the 1-Tok Kaunselin Helpim Lain. The FSVAC is a member of the Helpline Advisory Committee. Given the recent changes to CIMC, FSVAC is no longer operating as it was before and instead its core staff and activities are transitioning to the Government body - National GBV secretariat. The CIMC-FSVAC will retain its advocacy function.



**One survivor thanked me saying we were like a 911 response in PNG since we expanded our service to 24 hours. This has made me proud of being a helpline counsellor as I can provide support when they need me most. Most service providers are not operating after hours.**

- Counsellor, 1-Tok Kaunselin Helpim Lain

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# Foreword

**In its eighth year of operation, the 1-Tok Kaunselin Helpim Lain expanded, strengthened, and continued to be an important helpline for survivors of gender-based violence, and their families, in Papua New Guinea (PNG).**

The 1-Tok Kaunselin Helpim Lain, the only national 24-hour toll-free telephone service, marked its eighth year of operation on 20 August 2023. While the helpline has undergone considerable expansion in the past few years, we are proud that it continues to provide quality, non-judgemental and confidential counselling, information and referrals services to adolescent and adult survivors of gender-based violence (GBV), and children in need of care and protection.

Since its establishment in 2015, the 1-Tok Kaunselin Helpim Lain has received a total of more than 70,000 calls from all 22 provinces in PNG. In the second phase of operation, between 2019 and 2023, the helpline received more than 50,000 calls from community members, including survivors of gender-based violence. This was an increase of more than 50 per cent of the number of calls received in phase one, between 2015 and 2019. Helpline counsellors provided much needed support, assistance, referrals and counselling services.

The service has only been possible with the support of the New Zealand Ministry of Foreign Affairs and Trade (MFAT), ChildFund New Zealand and ChildFund Australia, and the partnership between ChildFund PNG, Consultative Implementation and Monitoring Council (CIMC), Family and Sexual Violence Action Committee (FSVAC).

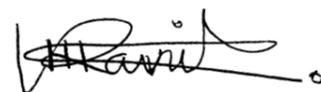
We celebrated the eight-year anniversary of the 1-Tok Kaunselin Helpim Lain with a special event, where Ume Wainetti, a member of the PNG Counsellors Association and a GBV advocate who led the establishment of helpline, said: "Before the helpline I received calls at 4am from survivors of GBV, with no way to help them in some cases. Now they are able to call the helpline and get the support they need. This shows the true impact of the helpline."

We often hear similar stories from other service providers, who acknowledge the positive impact of the 1-Tok Kaunselin Helpim Lain in responding to and curbing GBV and violence against children.

We are about to begin the third phase of the 1-Tok Kaunselin Helpim Lain project thanks to the support of MFAT, UNICEF PNG, and the Department for Community Development, Youth, and Religion, who will help fund the helpline's operations in 2023-2024. In the third phase, we will continue our work to end violence in PNG and increase the reach and impact of the helpline service while ensuring operations are sustainable.



**Anand Das**  
Country Director,  
ChildFund Papua New Guinea



**Kinime Daniel**  
1-Tok Kaunselin Helpim Lain Manager  
ChildFund Papua New Guinea

# About the 1-Tok Kaunselin Helpim Lain

**The 1-Tok Kaunselin Helpim Lain is Papua New Guinea's first national telephone counselling service, providing support to hundreds of people throughout the country every month.**

**The 1-Tok Kaunselin Helpim Lain is a partnership between ChildFund, CIMC (FSVAC) and is supported by the New Zealand Aid Programme.**

## Vision

Papua New Guinea is a society free of gender-based violence and violence against children, where all women and children live safely in their families and communities.

## Mission

The 1-Tok Helpline is a free, inclusive, trusted 24-hour national telephone service that provides, survivor-centred, quality, non-judgemental and confidential counselling, information and referral services to adolescents and adult survivors of gender-based violence and children in need of care and protection. Our mission is to listen to, and help women and children in PNG.

We are an integral part of the multi-sectoral effort to prevent and respond to gender-based violence and violence against children in PNG. We work in collaboration with communities and service providers to ensure diverse needs of survivors — health, legal, social, safety — are met in a timely and holistic manner so that they secure their right to a violence-free life.

We recognise that unequal power relations between genders, and between children and adults are at the heart of GBV and violence against children. We therefore focus our efforts on reaching out to women, girls and boys, and gender and sexual minorities who are disproportionately affected by such violence. We also focus our efforts to ensure that our services are accessible to women and children living with disability.

## Values

- Survivor-centred
- Child-centred
- Excellence in service
- Accountable
- Rights-based
- Collaborative
- Empathetic

# Analysis of call data

The following report is based on an analysis of call data from the second phase of the 1-Tok Kaunselin Helpim Lain operation, between July 2019 to June 2023. The helpline data does not represent the prevalence of family and gender-based violence in PNG. Even in contexts with resources and highly functioning referral pathways, under reporting is a persistent issue.

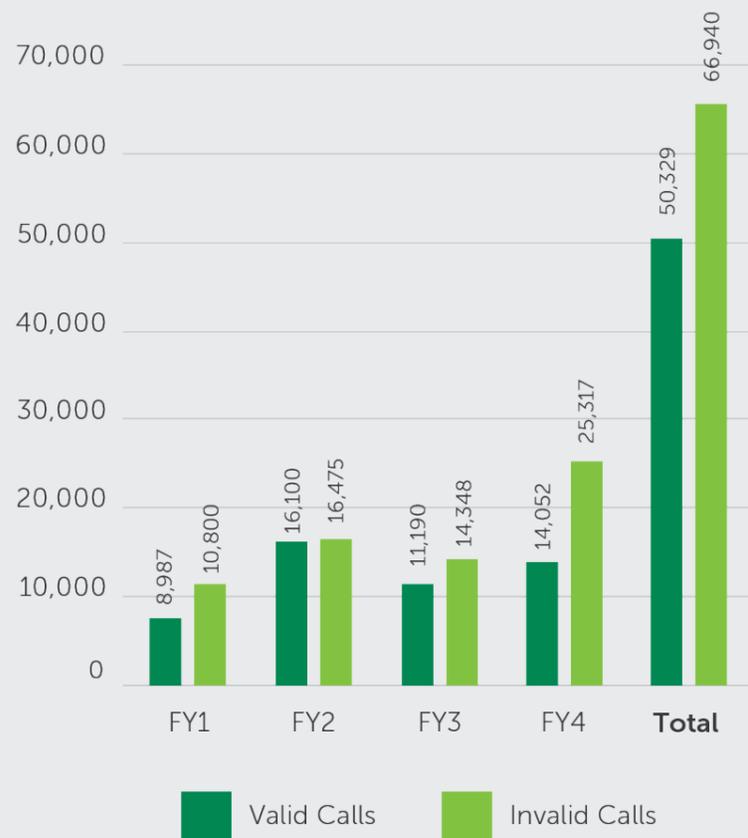
Further data was not available at the time of analysis, such as the initial referral point, precise breakdown of ages versus presenting issues, and other gaps. This data will be available in future analysis as the helpline is currently upgrading its systems to ensure more quality data.

## Callers to helpline

In phase two approximately 117,000 calls were received of which 43% were valid calls and 57% were invalid calls. The second year had the highest number of valid calls recorded because of COVID-19, followed by the fourth year. Counsellors and information officers provided support including referrals, case management, information and counselling to 50,329 valid callers. This is an increase of more than 50% since phase one (2015-2019) of the 1-Tok Kaunselin Helpim Lain service.

It is important to note that more than 50% of invalid calls should be understood as incomplete calls. Our records show that a majority of these calls are in fact valid calls – and reflective of the true demand for the service. Callers may end the call prematurely for several reasons, including safety issues, phone battery, network issues, and caller confidence. Invalid calls also include abusive and prank callers.

Yearly breakdown of calls



## Interventions provided

Listed are the most common interventions counsellors have provided to callers. The most common support provided is information and education. This includes information about the helpline, GBV, child protection, referral partners and other services, and legal information.

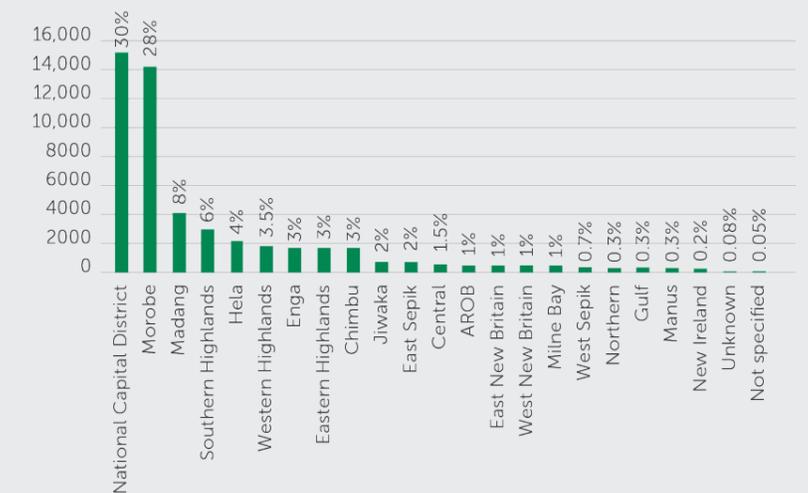
### Most common interventions

- 1 Information / Education – 66%
- 2 Referrals – 32%
- 3 Crisis Counselling – 12%
- 4 Safety Plan – 7%
- 5 Case Management – 5%
- 6 Suicide Intervention – 1%

## Location of callers

The helpline received calls from all 22 provinces. Most calls were from the National Capital District and urban areas. Provinces with a higher proportion of callers are not thought to have a higher incidence of violence, but rather a greater awareness of the helpline service, higher mobile phone ownership and access to phone networks. ChildFund PNG will continue to build greater public awareness of the helpline nationally through phase three of the program.

Distribution of calls across the country



## Top points of referral

Counsellors conducted active referrals for survivors seeking support. In phase two, the most common referrals were to police, face-to-face counselling services and community leaders. A significant number of callers were referred to community leaders. This could indicate a lack of access to formal services in the community and preference for community-based support. It is important that community leaders and community protection responses are given adequate support to ensure survivors receive appropriate care and protection through individuals and community actors that they trust.

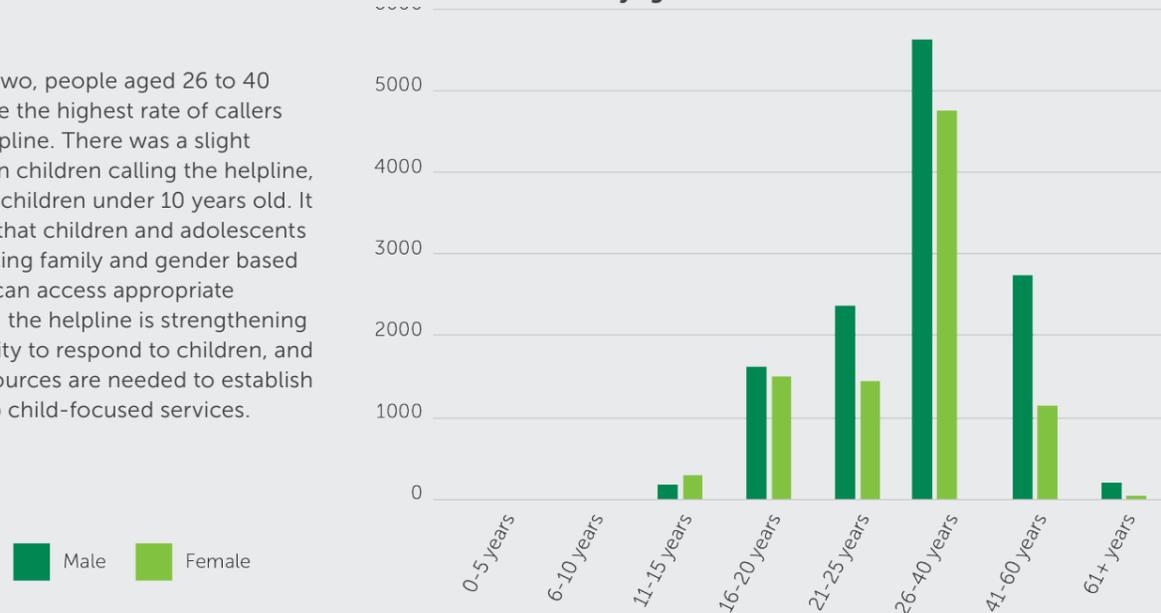
### Common referrals



## Age of callers

In phase two, people aged 26 to 40 years were the highest rate of callers to the helpline. There was a slight increase in children calling the helpline, including children under 10 years old. It is critical that children and adolescents experiencing family and gender based violence can access appropriate support – the helpline is strengthening its capacity to respond to children, and more resources are needed to establish and equip child-focused services.

Breakdown of callers by age



## Gender of callers

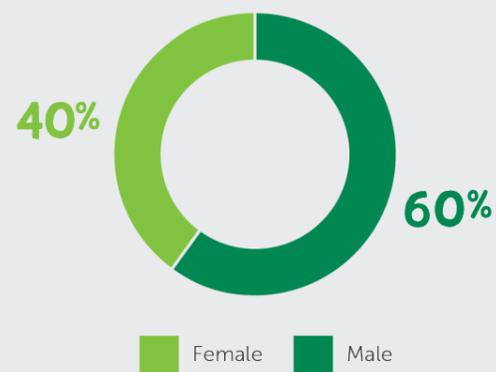
In phase two, we continued to see more men and boys calling the helpline. However, it is important to note that the number of female callers also increased by approximately 5% over time. This may be attributed to the increased awareness of the 1 Tok Kaunselin Helpim Lain and increased accessibility, with the last demographic health survey revealing an increase in ownership of mobile phones.

Men are more likely to identify as witnesses to violence or as perpetrators of violence seeking help to address their violent behaviours (1% of callers). Unfortunately, there are very few services in PNG that provide programs for male perpetrators of GBV and is a critical need. Less than 1% of callers identify as transgender. Gender diverse populations who experience gender-based violence do not have adequate access to services in PNG.

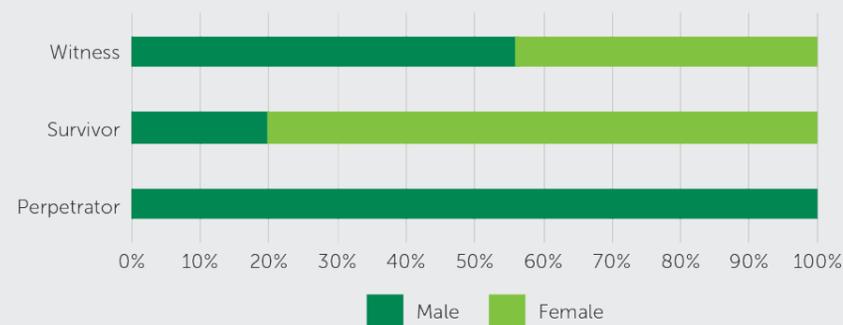
The breakdown of callers by status and gender shows that 100% of men who called the helpline were perpetrators, and 80% of women

who called were survivors of GBV. Slightly more male callers reported violence as a witness or bystander and to support survivors to get help. This is a positive trend the helpline is witnessing, and identifies who can play a greater role in addressing GBV at the community level.

Breakdown of callers by gender



Breakdown of callers by status and gender



## Case study

**WARNING: This story features descriptions of violence and abuse and may cause distress for some readers.**

Navu\* is in her 30s and has four children. She had been in a violent relationship with her husband for more than 25 years. She experienced sexual abuse, emotional abuse and financial abuse. Her husband blamed her for the violence.

Navu called the 1-Tok Kaunselin Helpim Lain when she felt she could no longer handle the situation alone, and her mental health and performance at work had deteriorated. She had heard about the helpline through her work, which involved helping people and preventing violence in her community.

When Navu called the helpline, she told the counsellor that she had been working to assist women in violent relationships, but she could not help herself. She also feared losing her children; her husband contributed financially to the family, and she would not be able to provide for her children on her income alone. Navu also feared reporting the violence she experienced because her husband owned a licensed firearm, which he regularly threatened her with. Her husband also had connections with police and security guards around town.

The 1-Tok Kaunselin Helpim Lain counsellor provided Navu with emotional support, conducted a risk assessment, and worked with Navu to develop a safety plan. Options were provided to Navu on who to contact for immediate and longer-term support. A comprehensive case management plan with goals was also developed. This plan identified what Navu needed going forward, and outlined specific steps that needed to be taken to ensure her safety and that she could live free from violence. The counsellor scheduled in several meetings with counsellors in the future to review her goals and safety plan.

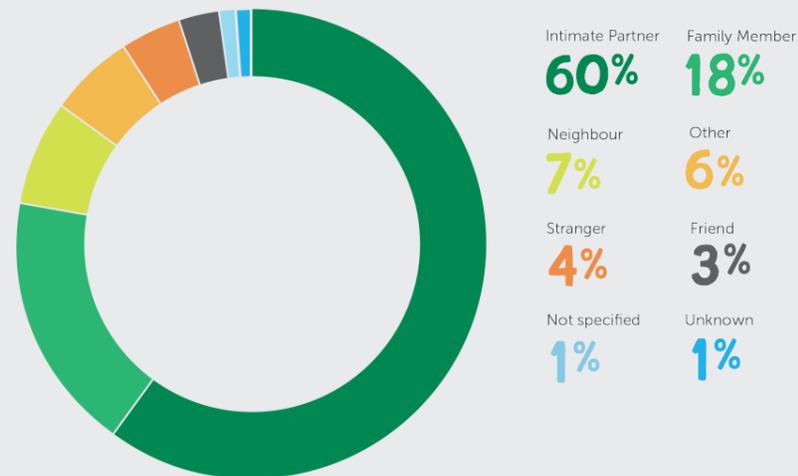
Today, Navu now feels safe and is finalising her divorce from her husband, who will continue to provide financial support to their children. Navu’s family is supporting her and she is moving on with her life.

\* Name has been changed to protect individual’s identity.

## Perpetrator's relationship to survivor

Most cases of GBV reported are perpetrated by individuals who are known to the survivors and are either their partners or their own family members. The data supports existing evidence that intimate partner violence is the most common and prevalent form of gender-based violence in PNG, followed by incest or family instigated violence against women and girls.

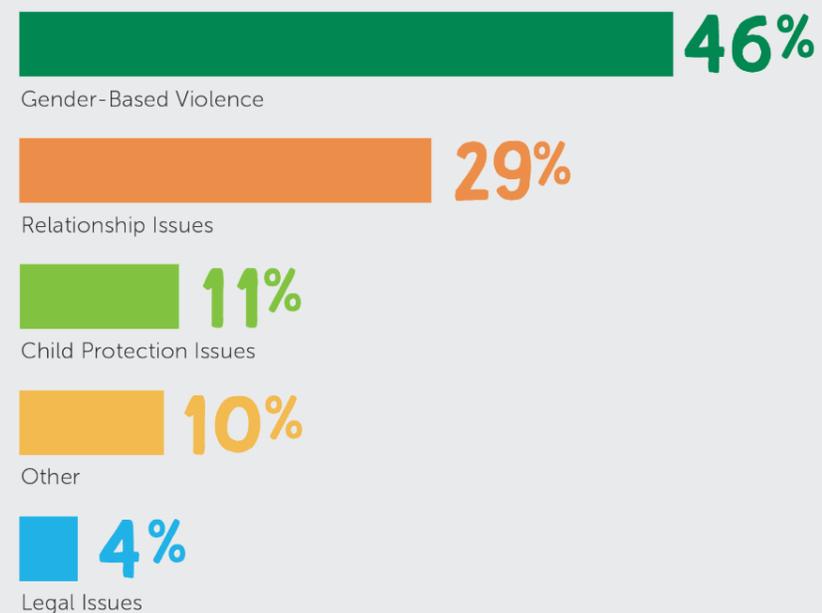
Breakdown of perpetrators by relationship



## Presenting issues

The top issues presented to helpline counsellors were that of GBV and relationship issues. GBV includes violence against women, physical, emotional and sexual. Relationship issues include adultery, tensions related to polygamous relationships or other conflict. Child protection issues commonly included physical and sexual abuse and neglect. Relationship issues were usually reported along with incidences of GBV.

Breakdown of presenting issues



## Case study

**WARNING: This story features descriptions of violence and abuse and may cause distress for some readers.**

Rachel\* called the 1-Tok Kaunselin Helpim Lain at 9pm one night on behalf of her cousin, Alice\*, who was being physically assaulted and locked up in the house by her husband. The assault had been going on for a year since the couple married. Alice had been like a prisoner in her own home, isolated from all friends and family. She had recently had a baby, and on this night the husband had removed the baby from her. Rachel feared for Alice and the baby.

Rachel told the helpline counsellor that her own family were afraid to confront the perpetrator, but she had had enough and couldn't risk the baby's life as well. The counsellor provided emotional support to Rachel, who was extremely upset, and urgently began taking the steps to make sure Alice and her baby would be safe.

The counsellor reported the case to the police and the location of the perpetrator and the baby. After an hour the police responded to the helpline counsellor saying they had detained the husband at the police station and returned the baby to her mother.

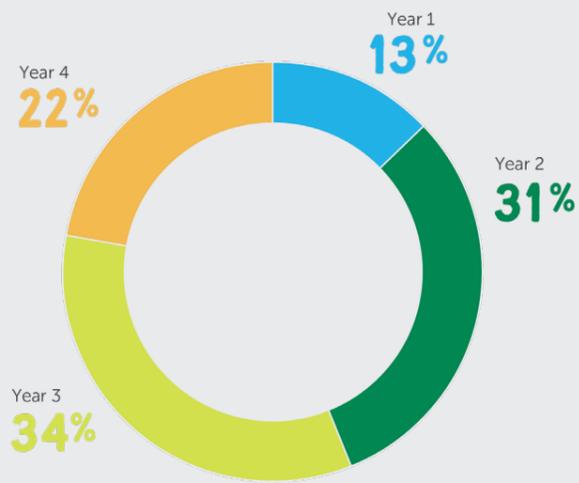
Later, Rachel called the helpline and thanked the counsellor. She confirmed that Alice and her baby were safe. The counsellor provided Alice with information on how to obtain an Interpersonal Protective Order and access additional support if she needed. Plans for follow-up calls were also made. Alice was also informed on how to access face-to-face counselling and encouraged to contact the helpline again if she preferred support over the phone.

\* Names have been changed to protect individuals' identities.

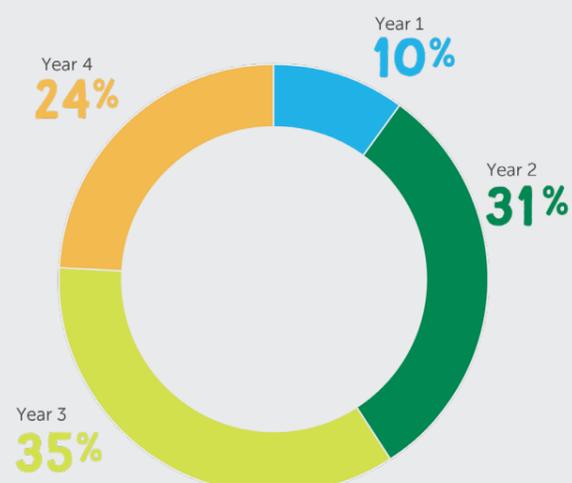
## Breakdown of key issues reported per year

These are the key issues presented to the helpline per year in phase two. In the third and fourth year, there was a consistently higher percentage of issues presented to the helpline in comparison to information and education-only calls.

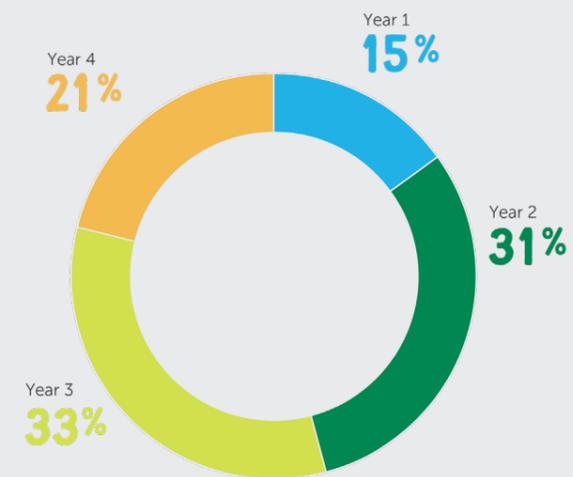
### Gender-Based Violence



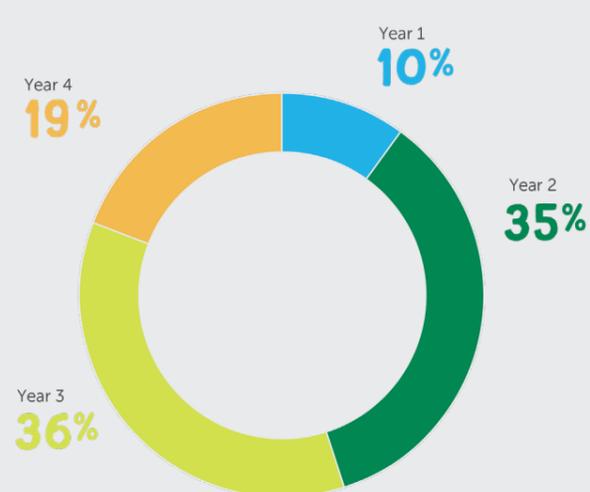
### Relationship Issues



### Child Protection Issues



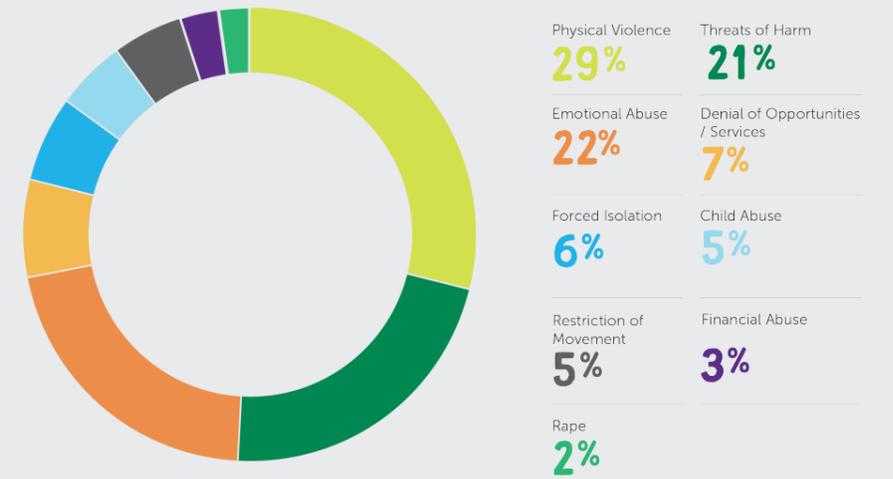
### Safety Issues



## Breakdown of incidences reported

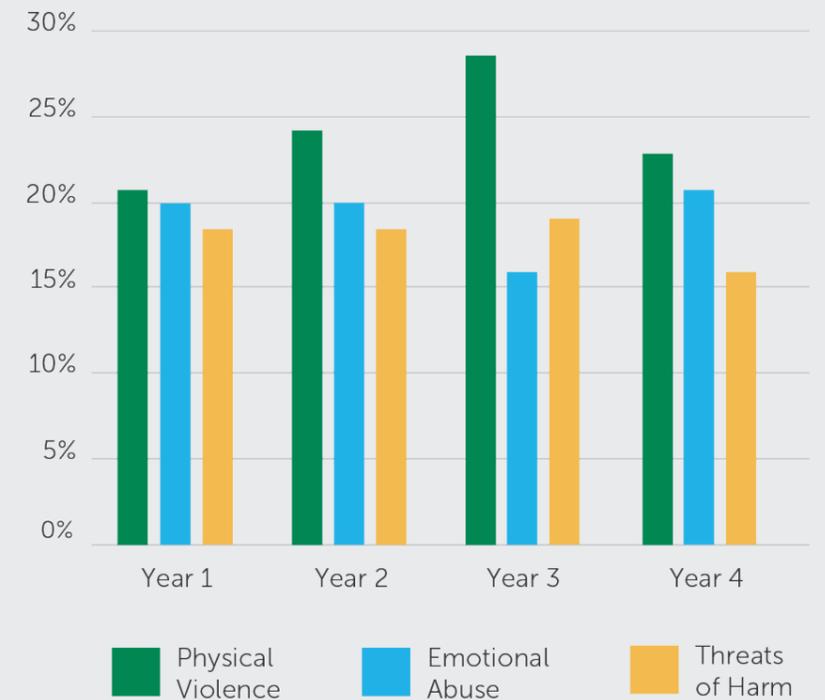
Physical violence followed by threats of harm (often threats of physical harm) and then emotional abuse were the top three issues reported. Callers often reported multiple issues when calling the helpline and emotional abuse was commonly reported alongside physical or sexual violence.

### Types of incidents reported



The top three reported incidences were physical violence, threats of harm and emotional abuse. This is consistent with other reporting periods at the helpline.

### Top three reported incidences



# Quality assurance

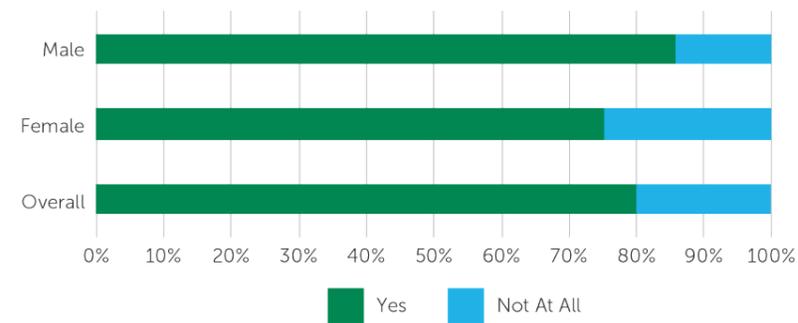
To ensure quality services and ongoing learning and improvements at the Helpim Lain, specific activities were conducted on a regular basis. One activity sought direct feedback from service users. This consisted of a brief survey with callers who had recently used the Helpim Lain. The results are shown on this page.

In summary, 80% of respondents were satisfied with the support they received from the Helpim Lain, 90% were able to get the help they needed at the moment they called, and 90% would recommend the Helpim Lain to family and friends. However, at least 10% of respondents were not able to get the help they needed because the information or support they requested was not provided at that time.

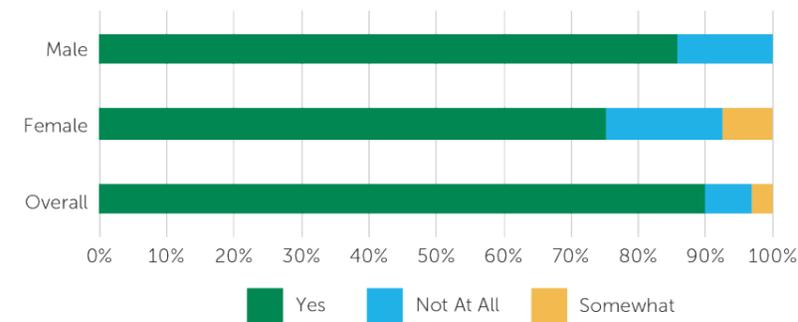
Twenty per cent of participants were not quite satisfied with the assistance provided and this was due to several factors, including unreliable referral contact information and the service provider they were referred to was geographically far. One female participant did not feel safe about the service provider she was referred to.

## Results of the service user feedback survey

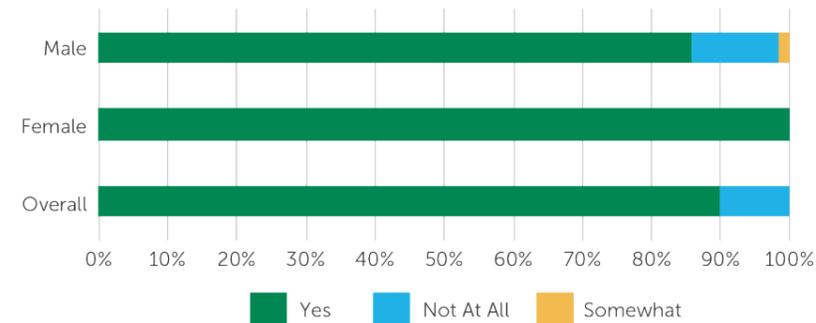
Were you satisfied with the help you received from 1-Tok Kaunselin Helpim Lain?



At the time of your call were you able to get the information and advice that you needed?



Would you recommend the services of the 1-Tok Kaunselin Helpim Lain to others?



## Case study

**WARNING:** This story features descriptions of violence and abuse and may cause distress for some readers.

Matilda\*, 11, was homeless for four years. She ran away from home at seven years old because her stepfather was sexually abusing her. On the street, she sought food and shelter wherever she could in her community, however she also experienced ongoing violence.

One day, Matilda approached the house of a ChildFund staff member's cousin, asking for food. The family quickly provided Matilda with food, and the ChildFund staff member called the 1-Tok Kaunselin Helpim Lain to help Matilda find safe accommodation.

The counsellor arranged for Matilda to be securely transported to a safe house, and contacted a specialist child trauma counsellor to support Matilda. In the middle of the night, Matilda tried to escape the safe house, but staff and guards encouraged her to stay.

Eventually, Matilda settled in at the safe house and began counselling. The counsellor identified the whereabouts of Matilda's mother, who had not seen her daughter for four years. Matilda knew where her mother was but did not want to see her because of the abuse she had experienced. Matilda was informed that her mother had separated from her stepfather. As a result, Matilda moved in with her mother again.

Today, Matilda is safe and is receiving ongoing counselling and treatment.

\* Name has been changed to protect individual's identity.

## Strengthening referral pathways in East New Britain Province

**The 1-Tok Kaunselin Helpim Lain relies on provincial referral pathways to refer callers to face-to-face services in all 22 provinces in PNG. Having a strong pathway ensures better outcomes for survivors. The Helpim Lain project has been supporting the East New Britain Province (ENBP) GBV secretariat to develop and implement their GBV interagency response protocol.**

Since 2019, ChildFund PNG has been working with ENBP to develop and implement their GBV interagency response protocol. This protocol will support a formal and strengthened referral pathway with the aim to improve outcomes for survivors of GBV. The protocol outlines agreed processes and values to support GBV agency responses in the provinces. It has been signed off by heads of agencies and is supported by a wide range of stakeholders, from the provincial administrator to the frontline workers who participated in training to support implementation of the protocol. ChildFund interviewed service providers who had undertaken the training and witnessed the impact of the protocol in the province.

A safe house worker acknowledged the protocol had helped stakeholders in the province to work in collaboration to support survivors and one other. The worker stated that before the protocol was developed, service providers worked in isolation with limited resources and knowledge on referral pathways. Service providers were not aware of one other's limitations and when to refer a client and to whom. Cases were not managed properly, and some clients were left out. Many cases are still pending to date, meaning the case management process was not completed and closed. With the protocol in place, service providers know their respective roles and responsibilities, their limitations and the referral pathways and they confidently make referrals and follow up to ensure survivors receive the required services.

Another service provider also said the protocol had made it mandatory for service providers in the province to work collaboratively to provide holistic support to survivors, as well as to support one other in the process; by way of sharing resources and attending Multi-Agency Case Conferencing (MACC). To date, they have conducted two MACC meetings. It was very beneficial for the stakeholders who were assisting the clients at that time. The service providers value the importance of MACC and with the protocol identifying this as a key process, it has been implemented.

A government officer in one of the districts in the province said the "protocol clearly outlines the line of demarcation between various agencies that deal with survivors of GBV". Before the introduction of the protocol, the service providers did not know their boundaries in dealing with GBV. Sometimes the service providers duplicated responsibilities and acted beyond the jurisdiction to assist the survivors. They also overloaded certain services providers with responsibilities thinking that it was their responsibilities alone. Now the different agencies are working in collaboration through the referral pathways learnt through the training. He stated the following is a direct result of the protocol training in the district:

- People know who/whom to report the cases to in the community;
- Different agencies support each other by way of referrals to avoid duplication of responsibilities;

- In the past, people were not aware of GBV and thus cases were not reported; now people are reporting.

With the positive change reported as a direct result of the introduction of the protocol, there are still ongoing challenges identified by service providers. These challenges include:

- Access to services including legal support
- Ensuring survivor-centred practice when working within a system of collective responsibility where a survivor's choice and agency is often overridden by community
- Cultural and traditional practices overriding formal justice responses despite laws and regulations and protocol processes
- Disability inclusion in GBV sector, as no services provide disability-inclusive service
- Varied interpretations and implementation of processes in the protocol
- Geography and disasters in the province causing responses to stop

This work is not a short-term initiative, and all involved at ChildFund and ENBP know that for true transformation to occur, long-term investment is needed. ChildFund remains committed to supporting ENBP and the Department for Community Development and Religion National GBV Secretariat who are mandated to support provincial GBV secretariats, to continue this work and to expand to other provinces.



**We listen and help women and children**

1-Tok Helpim Lain is a free, 24-hour national telephone service that provides, quality, non-judgmental and confidential counselling, information and referral services to survivors of gender-based violence and children in need of protection.



# End violence against women and children

Call the free  
Helpline  
**7150 8000**



## WE THANK OUR DONORS AND COLLABORATORS FOR THEIR ONGOING SUPPORT



**NEW ZEALAND**  
FOREIGN AFFAIRS & TRADE  
Aid Programme



I saw the helpline's number on a poster, and I decided to call the service around 12.30am. At first I was not sure if anyone would respond to my call, however, to my surprise a counsellor did. I was referred to the Family and Sexual Violence Unit office and then to a safe house. The counsellor later followed up and advised me that if I ever needed further support, including counselling, I could always call the helpline. The counsellor also planned follow-up calls to check on me.

- Mother and abuse survivor

### The 1-Tok Kaunselin Helpim Lain acknowledges the following people and agencies:

- Advisory Committee Members
- St. John Ambulance

### The 1-Tok Kaunselin Helpim Lain is a partnership between ChildFund and CIMC (FSVAC)



Phone: 1800 023 600  
Email: info@childfund.org.au  
Website: childfund.org.au



Phone: 0800 808 822  
Email: info@childfund.org.nz  
Website: childfund.org.nz



Phone: (+675) 323 2544  
Email: admin@childfund.org.pg  
Address: PO Box 671, Gordons NCD, Papua New Guinea



Phone: 321 1714, 320 3728  
Email: FSVAC@cimcpng.org  
Address: IPA House, Port Moresby, Papua New Guinea