



1-Tok Kaunselin Helpim Lain:

A report on the second phase
of operation: 2019-2021



A partnership between

ChildFund





It is estimated that more than two-thirds of married women experience violence from a partner in their lifetime.

About ChildFund PNG

ChildFund Papua New Guinea is registered as a local NGO under the Papua New Guinea Association Incorporation Act, working to reduce poverty for children in developing communities.

ChildFund Papua New Guinea was established by ChildFund Australia, which is a member of the ChildFund Alliance – a global network of 12 member organisations which assists almost 23 million children and their families in 70 countries. ChildFund began work in Papua New Guinea in 1994 and works in partnership to create community and systems change which enables vulnerable children and young people, in all their diversity, to assert and realise their rights.

Most projects are implemented in the Central Province and National Capital District with a focus on maternal and child health, nutrition, water and sanitation, education, and child protection and resilience against family and sexual violence. ChildFund PNG also prioritises climate change and disaster preparedness. In 2015, ChildFund PNG established the country's first ever Family and Sexual Violence Counselling hotline which operates in Port Moresby and provides national coverage for survivors.

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 addressing the problem of family and sexual violence in PNG.

FSVAC works towards minimizing the risks associated with the occurrence of and suffering caused by physical, sexual and psychological violence, especially between family members in the home environment, and strengthening of the referral pathways for an increased 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.

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Without the support from the 1-Tok we would not have been able to support the child like we did. We would not have been able to accommodate them and give them food and ensure their safety.”

- Service Provider Safe Haus (female)

Foreword

The 1-Tok Kaunselin Helpim Lain is expanding at a time when there is increasing attention and momentum in efforts to address gender-based violence (GBV) in Papua New Guinea and in the midst of the global COVID 19 pandemics.

The 2019-2021 period has really captured the diversity of the work that 1-Tok Kaunselin Helpim Lain Project is engaging in: from supporting referral pathway strengthening, to expanding services in response to the COVID-19 emergency. These activities ensure that there is adequate support available to survivors of family and sexual violence and gender-based violence (GBV) in Papua New Guinea (PNG).

The most recent Demographic Health Survey 2016-2018 confirms that the incidence of GBV continues to be pervasive across PNG. It found that 56% of Papua New Guinean women experienced physical violence in the 12 months prior to the survey and 28% has experienced sexual violence in their lifetime. Further, the survey finds that:

- 58% of women had experienced spousal physical or sexual violence,
- 64% had experienced a form of emotional, physical, or sexual violence by a spouse, and
- 57% of women had been injured due to spousal physical or sexual violence in their lifetime.¹

This also validates the data that the 1-Tok Helpline collects, showing intimate partner violence (IPV) as most common form of violence reported to the helpline by women in PNG.

Recently, there is a growing number of initiatives in PNG led by private sector, government and non-government organisations to prevent and respond to gender-based violence in PNG. There is also more reporting in media and a general increase in awareness on the issue.

However, there is much more to be done. Combating this violence, both during and beyond the current COVID 19 pandemic, requires a concerted and holistic effort from all individuals, agencies, and organisations from all levels of prevention and response. With a robust and coordinated approach, there is hope for the future.

Anand Das
Country Director,
ChildFund Papua New Guinea



Marcia Kalinoe
National Coordinator,
CIMC, FSVAC



¹ National Statistical Office - NSO and ICF. 2019. Papua New Guinea Demographic and Health Survey 2016-18. Port Moresby, Papua New Guinea: NSO and ICF. Available at <https://www.dhsprogram.com/pubs/pdf/FR364/FR364.pdf>.

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 helpline operates 24-hours, seven days a week. Calls within the Digicel network are free of charge.

The helpline's team of trained counsellors provides information, crisis counselling, safety planning, suicide intervention and referral. While responding to the needs of people experiencing gender-based violence, anyone requiring counselling can call the helpline.

The 1-Tok Kaunselin Helpim Lain maintains a national directory of service providers responding to the needs of survivors of gender-based violence or child abuse. With details of more than 350 services providers countrywide, the directory helps counsellors locate and refer clients to a range of services they need. The directory is regularly updated and shared with partners.

The 1-Tok Kaunselin Helpim Lain is a partnership between ChildFund, CIMC (FSVAC) and is supported by the New Zealand Aid Programme, and the expanded services are supported by UNICEF and UN Women.

The 1-Tok Kaunselin Helpim Lain is the first and only service in PNG to offer a free telephone counselling and referral service.



1-Tok Kaunselin Helpim Lain Phase 2

Phase two of the 1-Tok Kaunselin Helpim Lain project began in July 2019 and will be completed in June 2023. The objective of this phase is to strengthen services for survivors of gender-based violence in Papua New Guinea (PNG), extend the geographic reach of the helpline, and build greater awareness of the service, including among children and young people.

Phase Two is in progress and sees continued support provided to the helpline, while also strengthening both referral services in target provinces. Data collection and analysis is ongoing in order to improve the sectoral response to gender-based violence (GBV)/ family and sexual violence (FSV) more broadly.

A long-term objective of the project is to build a socio-political environment in PNG that is more responsive to the needs of survivors of GBV/FSV. The medium-term objective are: service users benefit from a quality GBV /FSV helpline and strengthened referral network; and quality data and research supports sector strengthening across the country.

The 1-Tok Kaunselin Helpim Lain since its inception in 2015 has proved to be an effective service for those experiencing family and sexual violence as well as those seeking help on behalf of GBV/FSV survivors. To-date, the 1-Tok Kaunselin Helpim Lain service has received over 50,000 telephone calls from women, men, and children in all 22 provinces.

This demonstrates the prevalence and magnitude of GBV/FSV in PNG. It also highlights the need for continued, concerted efforts from national and provincial governments, non-government organisations, faith-based institutions, civil society and individuals.

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

The helpline counsellors can provide referrals to services available across the country.



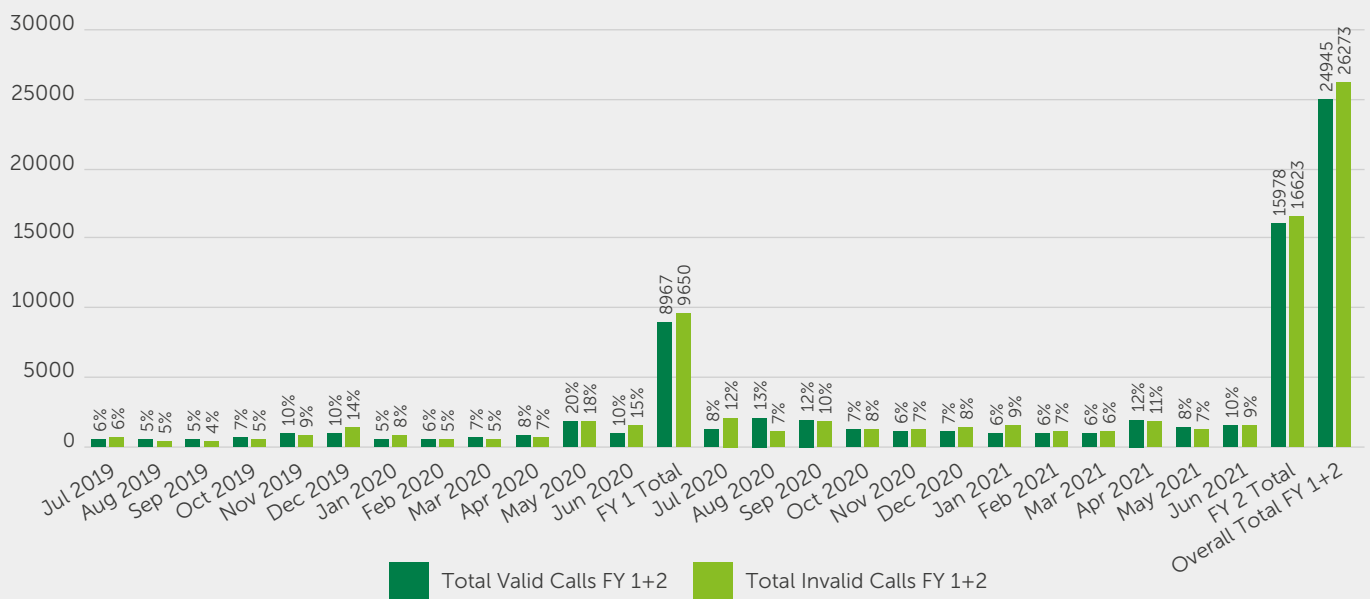
Analysis of call data

The following report is based on an analysis of call data for the completed operation period of 1 July 2019-30 June 2021.

Callers to helpline

More than 50,000 calls were received at the Helpline. Counsellors and information officers provided referral information, counselling and support to approximately 25,000 valid callers. **Note:** Invalid calls are those where individuals have ended the call before counsellors can record information, as well as abusive and prank callers.

Monthly breakdown of total calls in FY 1&2



Interventions provided

Listed are the most common interventions counsellors have provided to callers. After information and education enquiries, the most common intervention is crisis counselling. **Note:** Information and education can include- information about the Helpline, GBV/FSV, other services, legal etc.

Interventions provided in FY 1&2:

Information / Education

20,261

Safety Plan

1,295

Crisis Counselling

2,811

Suicide Intervention

24

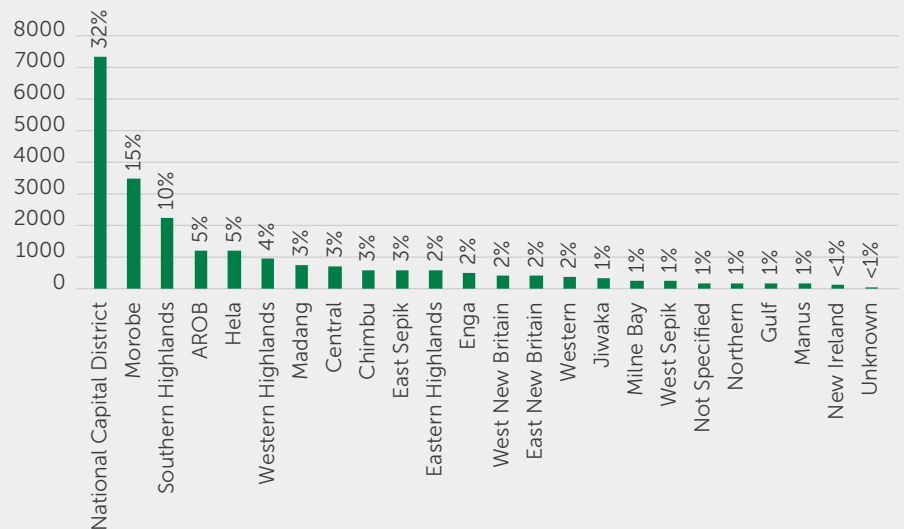
Follow-Up Calls

1,398

Location of callers

The Helpline received calls from all 22 provinces. The majority of calls have consistently been from the National Capital District. Provinces with a higher proportion of callers are not thought to have a higher incidence of violence, but rather a greater awareness of the service. In addition, mobile phone ownership is higher in urban areas.¹ The demographic health survey reports that 63% of women and 70% of men in urban areas own a mobile phone, compared with only 30% of women and 47% of men in rural areas.¹

Distribution of calls across the country



Top points of referral

Counsellors provided a range of referral information and support to callers. Referral pathways are shaped by the services that are most readily and widely available and in PNG this can look vastly different from one place to the next. The most common referrals for the period were community leaders, police and counselling services. Anecdotally, counsellors report that community leaders are more likely to be a preferred and trusted referral source. Callers may fear retaliation from the perpetrator or community if reporting to police, and are unable to access the procedural requirements needed for a police report.

The economic cost of addressing violence is also a factor that contributes to whether a survivor proceeds with a case as shown by Rooney et al (2018).² The Demographic Health Survey (2019) shows that women who have been physically and sexually abused turn to their family as a common source of help. The helpline data reinforces the importance of ensuring that community leaders are well equipped to deal with such matters.

Police however, are almost present in all provinces and districts, are easily accessible to the helpline when other service providers are not available and provide support including transport to medical services thus, they are often a key point of entry. However, there remains a high proportion of cases (approximately 24%), where no referral is made. This is often due to some places in PNG having no formal services to make referrals to and instead callers are provided information about service options only, meaning no active referral is made by the helpline.

Common referrals:

3,074 Community Leaders

2,978 Police

2,376 Counselling

1,378 Welfare

1,139 Court & Legal Advice

674 Medical & Family Support

¹ National Statistical Office - NSO and ICF. 2019. Papua New Guinea Demographic and Health Survey 2016-18. Port Moresby, Papua New Guinea: NSO and ICF. Available at <https://www.dhsprogram.com/pubs/pdf/FR364/FR364.pdf>.

² Rooney M.N., M. Forsyth, M. Aisi and D. Kuri-Ayius 22/5/2018a. In Search of Services to Address Family and Sexual Violence in Lae Communities. DevPolicyBlog.

Gender of callers

Breakdown of callers by gender in FY 1&2



The helpline continues to receive more male than female callers. However, it is important to note that the number of female callers has also increased over time. ChildFund is unable to validate why more men call the helpline than women, as men only have slightly higher phone ownership than women. The increase in female callers over time however, may be attributed to the increased awareness of the 1-Tok Kaunselin Helpim Lain and the increased ownership of mobile phones in urban settings. It is important to note that of the survivors that call the helpline directly, over 90% identify as female.

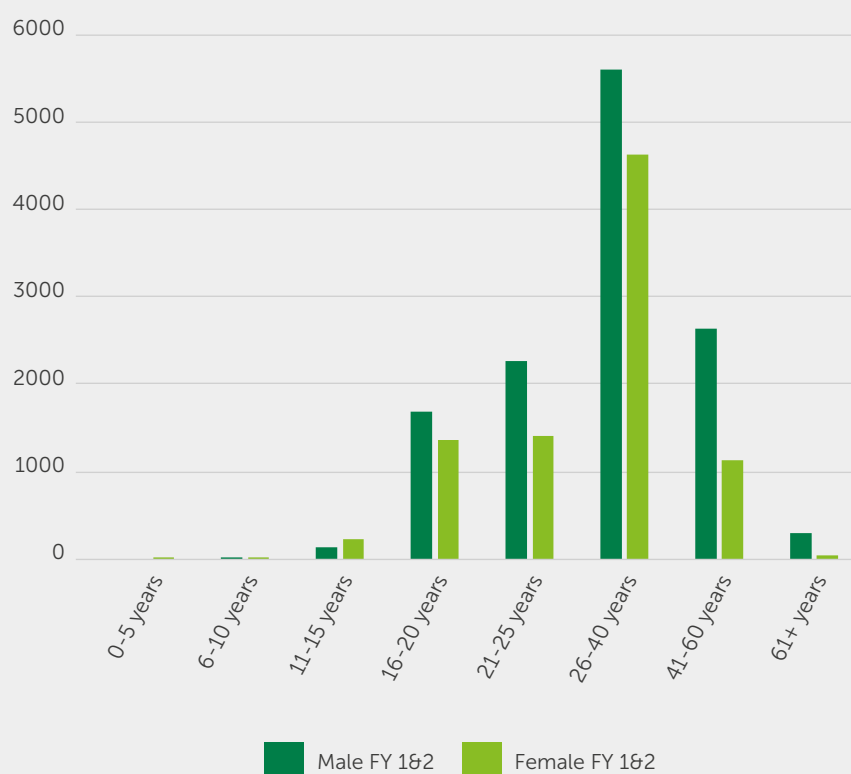
Age of callers

Most of the callers this period were people aged between 26-40 years. More females between the ages of 26-40 years tend to use the helpline from urban areas. The Demographic Health Survey (2019) noted that the proportion of women seeking to end violence is higher in urban areas (40%) compared to rural areas (34%). It was also noted that adolescents (aged 15-19) were less likely to seek help to end violence (24%) compared to women who were aged 20 and above (33-39%).

Since COVID and the expansion of the Helpline services, there has been a 128% increase in calls from 11- to 15-year-olds, a 150% increase from 16- to 20-year-olds. This compares to an 89% increase amongst 26- to 40-year-olds. This pattern holds across both male and female callers.

While, we do not receive calls directly from children under 10, we do receive calls from witnesses supporting a child who has experienced abuse. Witnesses most often comprise of parents, family members and service providers.

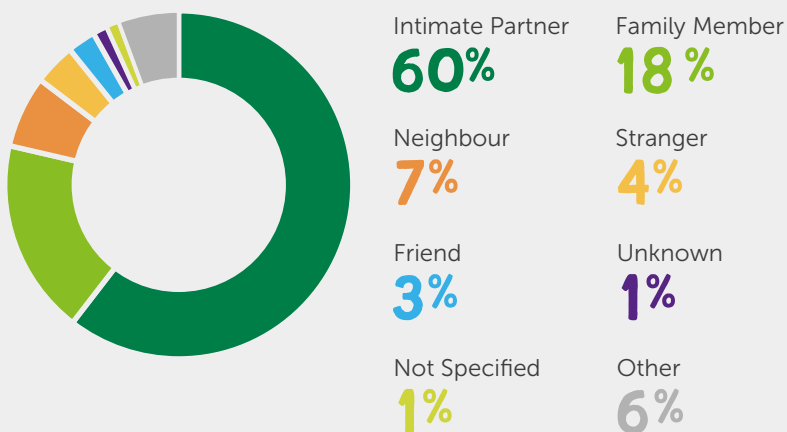
Breakdown of callers by age in FY 1&2



Perpetrator's relationship to survivor

Most cases of GBV reported were perpetrated by an intimate partner followed by family member of the survivor. Family members most likely to report cases of violence include fathers, brothers, parent in-laws and sisters. This data supports existing evidence that intimate partner violence is the most common form of gender-based violence.³ The Demographic Health Survey (2016-18) indicates 63% of married women who were interviewed have experienced spousal (physical, sexual, or emotional) violence. The most common type of spousal violence reported was physical violence (54%) followed by emotional violence (51%). Twenty-nine per cent of women have experienced spousal sexual violence.

Breakdown of perpetrators by relationship



Presenting issues

Breakdown of presenting issues in the FY 1&2 combined:



General & Helpline Information



Relationship Issues



Intimate Partner Violence



Child Related Issues



Family Violence



Safety Issues



Legal Issues

Data over the years has continuously shown that most callers are seeking information, this includes information on services and referrals, laws, and protection orders.

GBV related issues, mostly in reference to family and intimate partner violence, tends to be the second main reason for people calling and using the helpline.

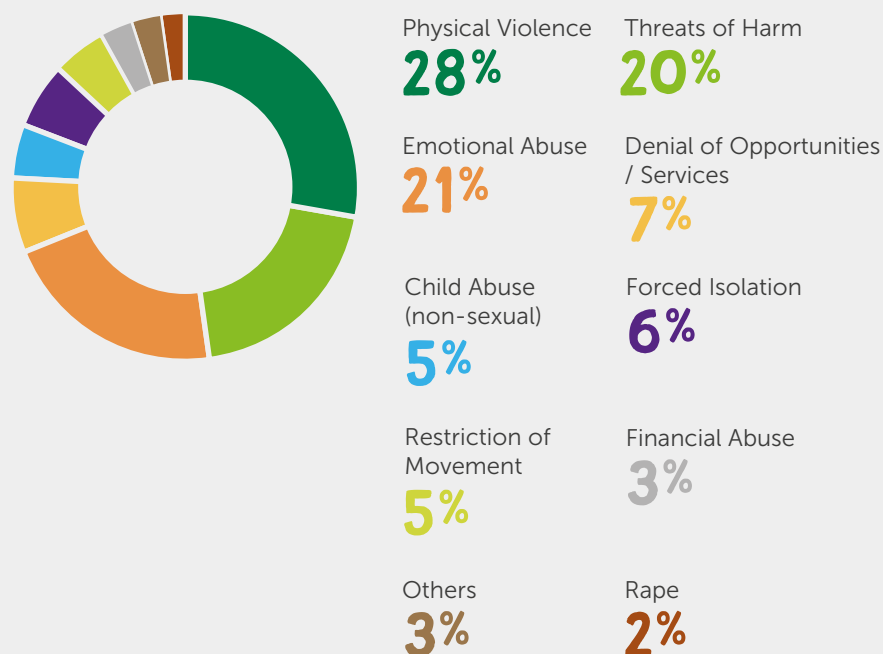
Of all valid calls, 40% are related to GBV (these include, intimate partner violence, family violence, sexual violence, relationship issues, safety issues, harmful traditional practices). Worryingly, GBV issues appear to be stable over time, reflecting a lack of progress in tackling the root causes. There is also high acceptance of GBV (according to recent DHS report) and this can signify lower reporting.

Note: Some issues overlap and callers may report more than one issue.

³ UNDP, The Equality Institute, and the Department for Community Development and Religion. (2016) Understanding Gender-Based Violence to Secure Sustainable Development in Papua New Guinea. Port Moresby: UNDP and the Department for Community Development and Religion.

Breakdown of incidences reported

Top 10 types of incidents reported in FY 1&2



Physical violence was the most common form of violence reported to the helpline. Physical and emotional abuse overlap and it is therefore imperative that service providers and frontline workers are well equipped to deal with cases relating to emotional abuse.

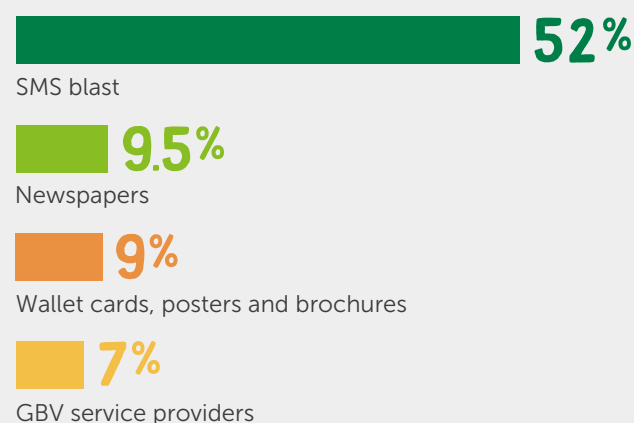
It is also important to note that 44% of the incidents reported (including financial abuse, restricting movement, forced isolation, denial of opportunity and services and threats of harm) can be categorised as forms of coercive control.⁴

Top promotional channels

Over half of all callers found out about the Helpline by SMS blasts, newspapers, traditional information, education and communication materials – such as posters and brochures – and GBV service providers, including counselling services, police, schools, medical and welfare services.

A visibility and promotions plan is developed annually to raise awareness about the Helpline. CIMC-FSVAC provides additional promotional support and conducts SMS blasts and media campaigns that have proven to be effective. Two national newspapers – Post Courier and The National – provide free advertisements for the Helpline.

Top 10 promotional channels in FY 1&2



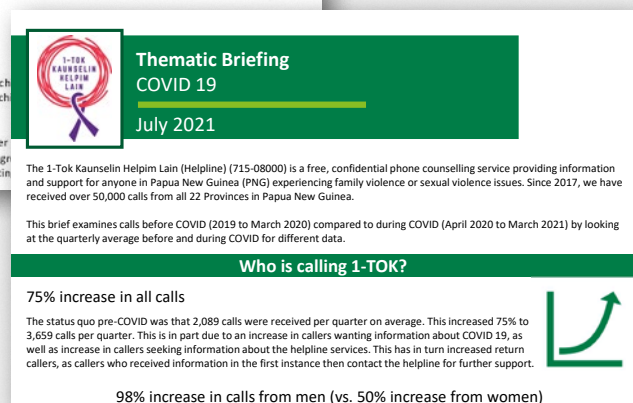
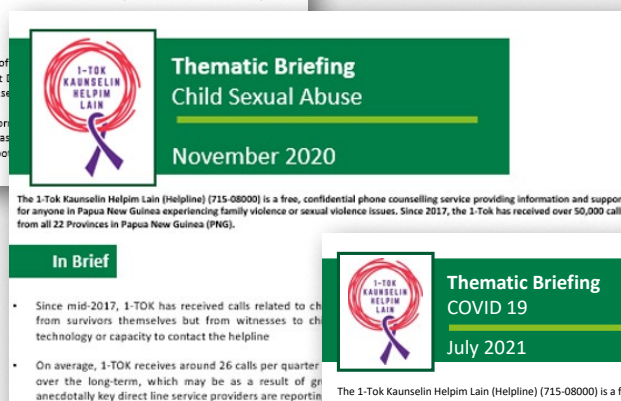
⁴ Buzawa, Buzawa and Stark (2017: 105) describe coercive control as 'a strategic course of gender-based abuse in which some combination of physical and sexual violence, intimidation, degradation, isolation, control and arbitrary violations of liberty are used to subjugate a partner and deprive her of basic rights and resources. Buzawa, Eve S., Buzawa, Carl G. & Stark, Evan D 2017, Responding to domestic violence: the integration of criminal justice and human services, 5th ed, Sage, Thousand Oaks

Strengthening data analysis and reporting

While the scale of gender-based violence (GBV) in PNG is not questioned, quality data is scarce and incomplete, making trends difficult to establish and validate.

The helpline, collects call intake data from hundreds of clients per week, is an untapped resource for real-time data. ChildFund PNG in collaboration with the National Research Institute (NRI), is working to strengthen the helpline data analysis and reporting. This collaboration will support sector strengthening, and best practice approaches and advocacy efforts to drive change at the highest level to address the issue of GBV. Political will and support and collaborative effort from all state departments and agencies is critical if we are to create real change.

The partnership with NRI will greatly assist by translating data collected from the 1-Tok Kaunselin Helpim Lain service into more defined segments to understand the problem. This paints a much clearer picture for all stakeholders (including the national government) on the severity of GBV and the measures required to tackle the problem. Three thematic briefs have been developed providing a deeper inquiry into key issues. So far these have included Intimate Partner Violence, Child Sexual Abuse and COVID 19, providing a comparison in trends post and during the pandemic in PNG.



Thematic Briefs based on the helpline data focusing on Child Sexual Abuse and Intimate Partner Violence – two of the most common issues seen at the helpline.

Strengthening referral pathways in the provinces

East New Britain (ENB) has been selected as the first target province to pilot activities that will support the strengthening of the referral pathway.

Having a strong and formal referral pathway is critical to ensuring quality support for survivors of GBV/FSV. An effective response to the needs of survivors requires a comprehensive and coordinated set of services.

ChildFund and the East New Britain Family and Sexual Violence Action Committee have signed a Memorandum of Understanding and have started working with the GBV/FSV sector in ENB to strengthen their capacity to respond to GBV/FSV. As a result ENB have developed PNG's first inter-agency FSV response protocol, an agreement of cooperation between key agencies to ensure proper coordination and to clearly identify roles and responsibilities when referring survivors.

Milne Bay Province has been chosen as the second province to Pilot this work with scoping underway in the province. This work is supported by the National CIMC-FSVAC, who are the lead technical advisers to provincial FSVAC's in PNG.



(Left) Launch of the ENB project activities in November 2019 featured in Newspaper. (Right) Launching of the 1-Tok Kaunselin Helpim Lain billboard at the Kokopo, East New Britain Markets.

Response to COVID-19

The COVID-19 pandemic reached PNG in March 2020 with the first patient confirmed. The spread of the virus was initially limited by a national state of emergency and two two-week lockdowns. While we acknowledge the importance of lock down measures, this has had serious consequences for survivors of GBV, confining them with perpetrators, preventing them accessing support, and increasing the risk of GBV/FSV due to stress.

A report by UNFPA looked at GBV services during the state of emergency and found that in total there was a 36% decrease in clients accessing services between March and April 2020 compared to previous years.² The helpline saw a spike in GBV/FSV presenting issues in May 2020; this could be a result of the national State of Emergency conditions.

During this time, there was a sharp increase in calls to the helpline, allowing the counsellors to provide support and information to even more people, and support the overall COVID-19 response effort by providing information to stop the spread of the virus and provide referrals to the PNG Government's national COVID-19 Hotline.

Helpline counsellors provided information about COVID-19, support for tuberculosis patients (whose treatment had been interrupted due to lockdown measures), and increased psychosocial support for those experiencing distress due to the virus and associated restrictions. This demonstrates the service's resilience and ability to adapt to significant change. The helpline remained operational throughout, albeit reducing its operational hours and staff during the initial lockdown and allowing time for measures to be put in place to ensure staff safety and wellbeing.

After this initial reduction of operational hours, the service expanded to meet increased demand. Additional counsellors and information officers were recruited and trained, ensuring the helpline could respond to an anticipated rise in GBV/FSV, child protection issues and increased psychosocial distress.

Calls from many presenting issue types increased during the pandemic, with Mental Health calls increasing 263%. All but three categories increased during the pandemic. Sexual Violence, family violence, safety issues and IPV increased significantly. This aligns with the global picture, where there has been an increase in mental health related issues and GBV/FSV due to the primary and secondary effects of COVID-19. This also aligns with anecdotal data in PNG where mental health issues appear to be on the rise.

There has been a 60% increase in harmful traditional practice related calls (up from 29 calls on average per quarter pre-COVID, to 47 during COVID). This encompasses sorcery accusation-related violence (SARV). Sorcery accusations are mostly against women and girls. Escalations in violence can be triggered by stigma and misinformation around COVID-19.

As part of our efforts to strengthen services for survivors of GBV, the 1-Tok Kaunselin Helpim Lain is trialling a 24-hour service delivery model, the first of its kind in PNG. These expanded services have been made possible with support from UNICEF, UN women and St John Ambulance.

² United Nations Population Fund PNG, The State of Gender-Based Violence During the COVID-19 Crisis and State of Emergency, June 2020

THANK YOU TO THE FOLLOWING ORGANISATIONS FOR THEIR SUPPORT



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

- Advisory Committee Members
- Ms. Fiona Hukula, National Research Institute
- ST Johns Ambulance

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find us at www.facebook.com/1TokHelpimLain