

FemiliPNG

care. support. change.

CLIENT CHARACTERISTICS AND SERVICES

2014 to 2016: the first two years



Australian
National
University

Humanitarian Research Program and
Development Policy Centre

Table of Contents

Table of Contents.....	1
Summary.....	2
Introduction.....	3
Client numbers.....	3
Client interactions.....	4
Client characteristics.....	5
Client abuse.....	7
Services provided to clients.....	10
Health services.....	10
Emergency accommodation.....	11
Relocation.....	11
Welfare.....	11
Courts and police.....	11
Client safety.....	12
Conclusion.....	12

Date of release: December 2017

Summary

- Femili PNG had over 900 clients in its first two years of operation. On average, those admitted remain as clients for almost two months, but one-quarter stay for more than three months, and 8% for more than six months. On average, a client has nine to ten follow-up sessions.
- The great majority (93%) of clients are female. 18% of clients are children (less than 18 years old). Only 3% of the adults, but 26% of the children admitted are male.
- Clients come from across the socio-economic spectrum. Of the adults, 14% have no formal education, 31% have a primary education, 30% a secondary education, and 24% a tertiary or vocational education.
- The majority of adult clients presenting are married or cohabiting (83%). 12% are divorced or separated, and 4% single (and not divorced or separated).
- Pregnant women are a high-risk group for intimate partner violence. The proportion of adult clients self-reporting pregnancy is 4%. Of the 124 female children presenting for services, four were pregnant at intake and their ages ranged from 11 to 16 years old.
- Very few clients with self-reported disability (either physical and/or mental) are referred to the service. Often these groups (e.g. women with mental illness) are at higher risk of violence, so more focus more is needed on this group.
- 88% of clients are assessed as high risk. 85% of adult clients report suffering verbal abuse or threats, and 86% physical violence. 13% report neglect or denial of resources, 9% rape and 6% sexual assault. The situation is quite different for children. Sexual assault and rape are much more common, with 43% of child clients reporting rape, and 20% sexual assault. Fewer children report verbal abuse or physical violence, but these percentages are still high at 44% and 41%, respectively.
- Most alleged perpetrators are males (88%). However, when it comes to children, 78% of the perpetrators are male, 10% female, and 13% males and females acting together.
- The vast majority of adult clients (93%) report intimate partner violence, that is violence or abuse against them by a current or former partner. For children, about 60% report that the violence or abuse is perpetrated by a family member. Overall, the alleged perpetrator is either a family member, friend or neighbour of 95% of clients presenting.
- The most commonly cited cause of violence or abuse is “interpersonal issues”, reported by 53% of all clients. 38% of adults report adultery or polygamy as a cause. 33% of clients report substance abuse as a cause, and 29% of adult clients report financial disagreements.
- On average clients are referred to 2.4 services. The most common are health (79%), police (53%) and courts (40%). 155 clients or 17% are provided with emergency accommodation. 84 clients or 9% of the total received assistance with relocation. 280 clients (30%) were referred to the Morobe Welfare Department.

Introduction

Papua New Guinea has a family and sexual violence (FSV) epidemic. Survivors of FSV need a range of services from emergency medical and psychosocial care to emergency shelter, police protection, and legal recourse.

Femili PNG started its Case Management Centre in Lae in July 2014. It works with survivors to help them access the services they need. Femili PNG is mainly funded by the Australian Aid Program, and also receives private funding from a range of PNG and Australian sources.¹ Femili PNG works closely with its service-delivery partners, and any results achieved for clients are achieved in unison with its partners.

The Femili PNG monitoring system tracks all clients. This document describes the number and characteristics of, and services provided to Femili PNG clients over the period July 2014 to July 2016, the first two years of operations. The Australian National University assists Femili PNG with its monitoring and evaluation. This document, prepared by Femili PNG² and Australian National University staff,³ is part of a larger monitoring and evaluation effort Femili PNG is undertaking with its partners.⁴

Client numbers

A total of 937 clients (plus dependents) were admitted between July 2014 and 3 August 2016. Figure 1 summarizes the number of new clients admitted each month. Admissions were lowest in the first month of operation (July 2014), with a total of three clients admitted, and highest in May 2016, with 76 clients admitted.

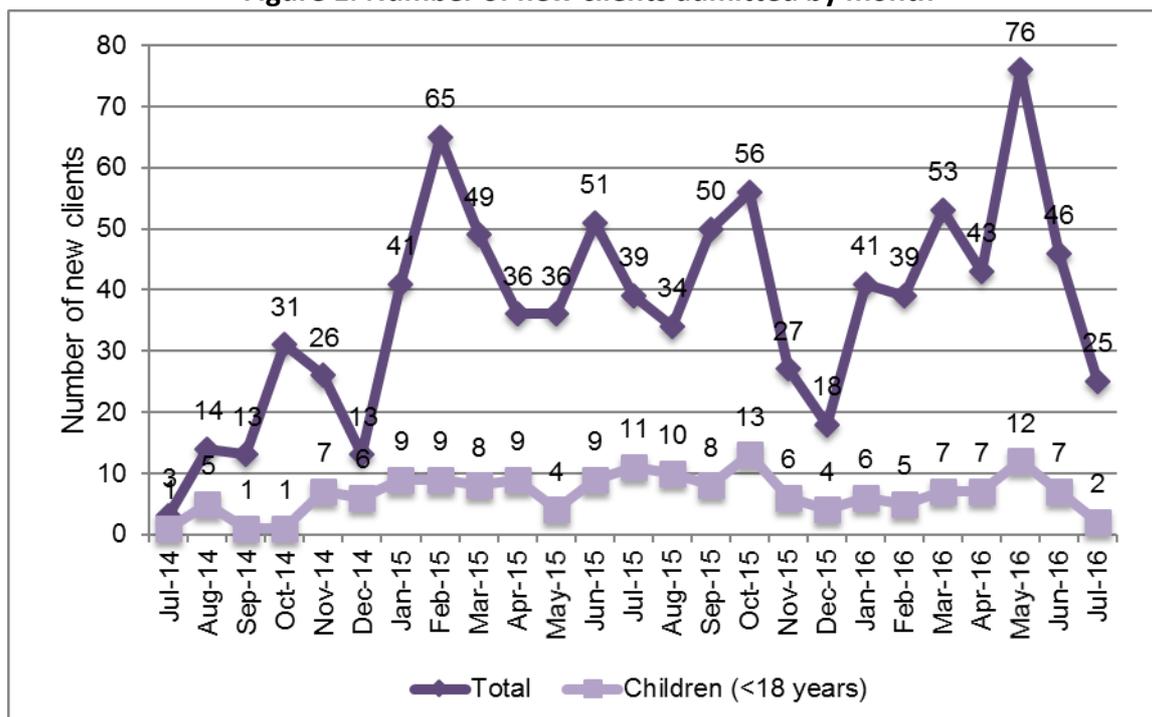
¹ For more information about Femili PNG go to www.femilipng.org. For queries in relation to this report, contact info@femilipng.org.

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⁴ Much of the data in this report was presented by Femili PNG and its partners at the *Pacific Women Annual Learning Workshop* in Port Moresby in May 2017. See this link for more information and to download the presentation: <http://www.femilipng.org/femili-png-and-partners-present-results-from-first-two-years/>

Figure 1. Number of new clients admitted by month



Femili PNG has a referral-based model of client intake, and therefore relies on its service partners (health services, police, courts etc.) to access clients. To date, Femili PNG has not had to refuse admissions. Closure of partner agencies over the Christmas and New Year period is reflected in a drop in referrals and therefore new clients during this period.

Client interactions

Those admitted stay as clients for as long as they want, and can be helped. Each follow-up session is recorded. On average, those admitted stay as clients for just under two months (Table 1). While clients they are followed-up with frequently. The average client is attended to by one of our Case Workers almost ten times, or five times a month.

Table 1. Time as client and follow-up sessions

	Mean
Time as client (month)	1.9
Follow-ups per client	9.5
Follow-ups per month per client	5.1

Note: This is calculated for those clients (779) who exited the service up to August 2016

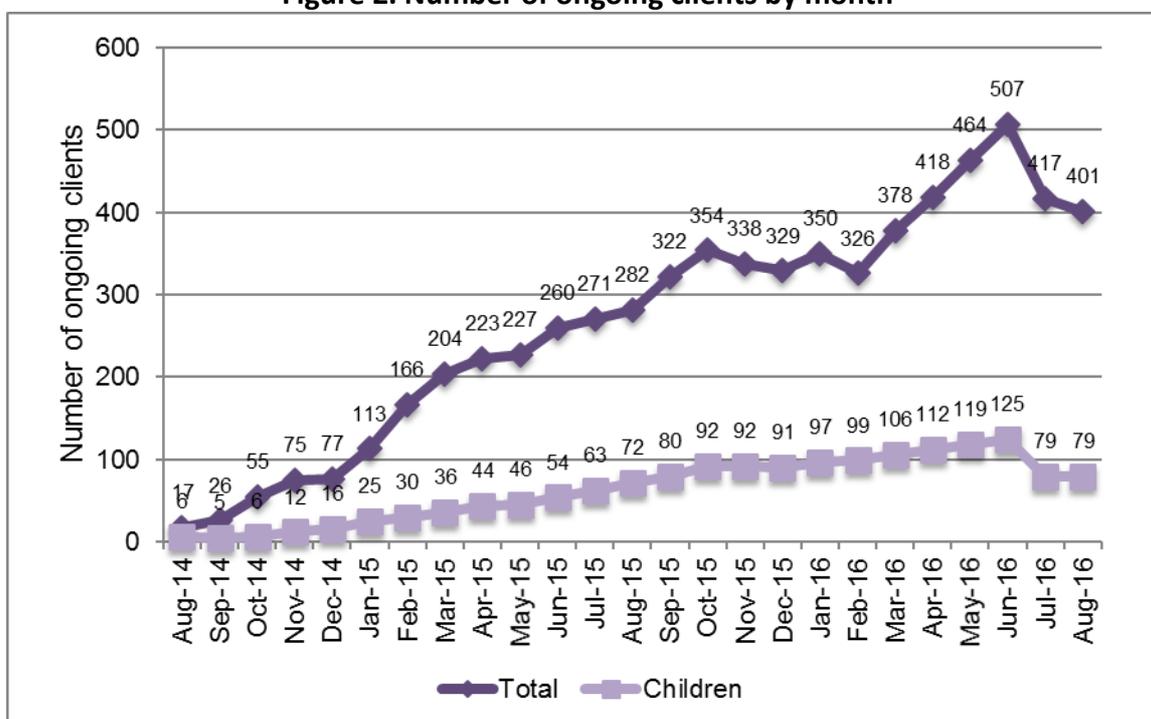
Some clients stay as clients for much longer than the average. One-quarter are clients for at least three months, and 8% for at least six months (Table 2). The main reasons for becoming a long-term client is the length of court proceedings.

Table 2. Time in follow up for all clients

	Frequency	Percent (%)
1 visit	209	22.1%
≤14 days	174	18.6%
15-29 days	98	10.5%
1-3 months	229	24.4%
3-6 months	160	17.1%
>6 months	77	8.2%
Total	937	100%

Since in most months, more clients are admitted than exit, the number of ongoing clients has risen over time, as Figure 2 shows.

Figure 2. Number of ongoing clients by month



Note: Ongoing clients are those clients whose cases have been opened but not yet closed. A review of all open case files was undertaken in June 2016 and several inactive case files where the client could no longer be contacted were closed.

Client characteristics

The great majority (93%) of clients are female (Table 3). Children (those less than 18 years old) constituted 18% of new clients referred to the service. Only 3% of the adults, but 26% of the children admitted are male.

Table 3. Gender and age of clients

	Children	Adults	Total
Female	124 (13.2%)	747 (79.7%)	871 (93.0%)
Male	44 (4.7%)	20 (2.1%)	64 (6.8%)
Total	168 (100%)	767 (100%)	935 (100%)

Note: Two clients were missing intake data.

Table 4 shows the education levels of clients. It can be seen that clients come from across the socio-economic spectrum. Of the adults, 14% have no formal education, 31% have a primary education, 30% a secondary education, and 24% a tertiary or vocational education.

Table 4. Education levels of clients

	Children	Adults	Total
No formal education	54 (32.1%)	104 (13.7%)	158 (17.1%)
Primary/elementary	109 (64.9%)	239 (31.6%)	348 (37.6%)
Secondary	5 (3.0%)	231 (30.5%)	236 (25.5%)
Tertiary/vocational	0 (0%)	183 (24.1%)	183 (19.8%)
Total	168 (100%)	757 (100%)	925 (100%)

Note: Education data missing for 10 adult and 12 total clients.

The majority of adult clients presenting (83%) were married or cohabiting (Table 5). 12% were divorced or separated, and 4% single (and not divorced or separated). Among the 168 children presenting for services, six aged 14 to 17 were reported as currently or formerly married or partnered.

Pregnant women have been identified as a high-risk group for intimate partner violence. The proportion of adult clients self-reporting pregnancy was 4.2% (Table 5). Of the 124 female children presenting for services, four were pregnant at intake and were 16 years old or younger.

Table 5. Marital and pregnancy status of clients

	Children	Adults	Total
Marital status			
Single	158 (96.3%)	33 (4.4%)	191 (20.6%)
Married/cohabiting	4 (2.4%)	632 (83.4%)	636 (69.1%)
Divorced/separated	1 (0.6%)	91 (12.0%)	92 (10.0%)
Widowed	1 (0.6%)	2 (0.3%)	3 (0.3%)
Total*	164 (100%)	758 (100%)	922 (100%)
Pregnant at intake**			
Yes	4 (2.4%)	32 (4.2%)	36 (3.8%)
No	164 (97.6%)	735 (95.8%)	901(96.2%)
Total	168 (100%)	767 (100%)	937 (100%)

Notes: *For marital status, data missing for four child, nine adults, and 15 total clients. **Where pregnancy at intake was left blank on the intake form, clients were assumed to not be pregnant as Case Workers noted whenever the client was pregnant.

Very few clients with self-reported disability (either physical and/or mental) were referred to the service (Table 6). This reflects patterns of accessing service partners. Considering that these groups (e.g. women with mental illness) are at higher risk of FSV, focus is needed on improving the awareness and capacity of partners so that accessible services are provided to people with disability.

Table 6. Disability status of clients

	Children	Adults	Total
No disability	166 (98.8%)	758 (99.2%)	924 (99.1%)
Physical disability	1 (0.6%)	5 (0.7%)	6 (0.6%)
Mental disability	0 (0%)	1 (0.1%)	1 (0.1%)
Physical & mental disability	1 (0.6%)	0 (0%)	1 (0.1%)
Total	168 (100%)	764 (100%)	932* (100%)

Note: Disability data is missing for three adult clients. There are also two clients for whom age as well as disability data is missing.

Client abuse

Table 7 outlines the characteristics of violence or abuse that clients reported, and characteristics of the alleged perpetrator by age group. Note that clients can report more than one type of violence or abuse. This is important, because most clients suffer more than one form of abuse: the average is two. For adults, 85% report suffering verbal abuse or threats, and 86% physical violence. 13% report neglect or denial of resources, 9% rape and 6% sexual assault. The situation is quite different for children. Sexual assault and rape are much more common, with 43% of child clients reporting rape, and 20% sexual assault.

Fewer children report verbal abuse or physical violence, but these percentages are still high at 44% and 41% respectively.

Table 7. Types of violence or abuse

	Children (156)	Adults (757)	Total (914)
Verbal abuse/threats	69 (43.9%)	642 (84.8%)	711 (77.8%)
Physical violence/assault	65 (41.4%)	652 (86.1%)	717 (78.4%)
Rape	68 (43.3%)	64 (8.5%)	132 (14.4%)
Sexual assault	31 (19.7%)	45 (5.9%)	76 (8.3%)
Kidnapping	11 (7.0%)	19 (2.5%)	30 (3.3%)
Neglect/denial of resources	5 (3.2%)	95 (12.5%)	100 (10.9%)
Other	19 (12.1%)	26 (3.4%)	45 (4.9%)
Total	279(177.7%)	1553 (205.2%)	1832 (200.4%)

Note: There are 11 child, 10 adult and 23 total clients for whom data on types of violence is missing.

Table 8 shows the gender of the alleged perpetrator(s) (perpetrator for short) and their relationship to the client. Most perpetrators are males (88%). However, when it comes to children, 78% of the perpetrators are male, 10% female, and 13% males and females acting together.

The vast majority of adult clients (93%) report intimate partner violence, that is violence or abuse against them by a current or former partner (Table 8). For children, about 60% report that the violence or abuse was perpetrated by a partner (5%), primary caregiver (10%) or other family member (45%). Overall, the alleged perpetrator was either a family member, friend or neighbour of 95% of clients presenting.

Table 8. Gender of and relationship of alleged perpetrator to client

	Children	Adults	Total
Alleged perpetrator gender			
Male	119 (77.3%)	653 (90.2%)	772 (87.9%)
Female	15 (9.7%)	21 (2.9%)	36 (4.1%)
Both male & female	20 (13.0%)	50 (6.9%)	70 (8.0%)
Total	154 (100%)	724 (100%)	878 (100%)
Alleged perpetrator's relationship to client			
Intimate partner/former partner	9 (5.6%)	713 (93.2%)	722 (78.1%)
Primary caregiver	16 (10.0%)	1 (0.1%)	17 (1.8%)
Family other than spouse or caregiver	76 (47.5%)	28 (3.7%)	104 (11.2%)
Family friend/neighbor	27 (16.9%)	5 (0.7%)	32 (3.5%)
No relation	18 (11.3%)	13 (1.7%)	31 (3.4%)
Other	14 (8.8%)	5 (0.7%)	19 (2.1%)
Total	160 (100.0%)	765 (100.0%)	925 (100.0%)

Note: Data on the gender of the perpetrator is missing for 14 child, 43 adult and 59 total clients. Data on the perpetrator's relationship to client is missing for 8 child, 2 adult and 12 total clients.

Table 9 summarizes the reported underlying causes of violence or abuse, as reported by the client. Clients can report more than one cause – on average, they report almost two – so the percentages in Table 9 do not add to 100. The most commonly cited cause is “interpersonal issues”, reported by 53% of all clients. 38% of adults report adultery or polygamy as a cause. 33% of clients report substance abuse as a cause, and 29% of adult clients report financial disagreements. A large number of clients provide other causes as well (that is, other than the ones shown in Table 9 and specified on the data intake form).

Table 9. Underlying cause of violence or abuse

	Children (156)	Adults (739)	Total (895)
Substance abuse	47 (30.1%)	244 (33.0%)	291 (32.5%)
Financial disagreement	7 (4.5%)	215 (29.1%)	222 (24.8%)
Suspected sorcery	2 (1.3%)	9 (1.2%)	11 (1.2%)
Adultery/polygamy	13 (8.3%)	280 (37.9%)	293 (32.7%)
Cultural practice	0 (0%)	33 (4.5%)	33 (3.7%)
Interpersonal issues	66 (42.3%)	411 (55.6%)	477 (53.3%)
Extended family	7 (4.5%)	25 (3.4%)	32 (3.6%)
Intermarriage	2 (1.3%)	100 (13.5%)	102 (11.4%)
Other	67 (42.9%)	177 (24.0%)	244 (27.3%)
Total	211 (135.3%)	1494 (202.2%)	1705 (190.5%)

Notes: Data on the cause of violence is missing for 12 child, 28 adult, and 42 total clients. Percentages do not add up to 100 because these categories are not mutually exclusive - clients could cite more than one.

Client risk is assessed at intake. This is done primarily based on clients reported experience of physical and/or sexual violence by that same perpetrator prior to intake to the service. As per Table 10 below, 88% of clients are assessed as high risk, and the remaining 12% as low risk.

Table 10. Risk assessment of client at intake

Risk at intake	Number	%
Low	116	12.4%
High	815	87.5%
Total	931	36.3%

Services provided to clients

This section details the type of services received by clients from Femili PNG and local service providers. There are seven, as shown in Table 11 below.

On average, clients receive 2.4 services/referrals. The most common are health (79%), police (53%) and courts (40%).

Table 11: Services and/or referrals

	Frequency (937)	Percent (%)
Health	742	79.2%
Emergency accommodation	155	16.5%
Food/clothing	124	13.2%
Repatriation/relocation	84	9.0%
Police	498	53.1%
Courts	375	40.0%
Welfare	260	27.7
Total	2,238	238.8%

Note: Clients typically receive more than one service/referral, so percentages do not add to 100.

Health services

79% of clients received a referral to health care, mainly to receive medical treatment, counselling, sexually transmitted infection prophylaxis or medical certificates. In general, clients' needs were addressed quickly, though a lack of hospital medical supplies at times (e.g. malaria treatment, HIV testing for children, paediatric post-exposure prophylaxis) delayed provision of appropriate care. One of the main challenges faced was human resources, with an ongoing shortage of staff in the health services dealing with family and sexual violence.

Emergency accommodation

155 clients or 17% were provided with emergency accommodation, the great majority through existing safe houses in the Lae area managed by City Mission and the Salvation Army. Femili PNG provides most of its clients receiving emergency accommodation with food, toiletries and other basic necessities. In many cases, dependent children stay with clients.

Relocation

In PNG, one option preferred by some FSV survivors is to move to an alternative location, away from the place of violence. This is called 'relocation'. It often takes the form of 'repatriation', where the relocation is to the survivor's place of origin.⁵ Femili PNG assists clients who want relocation by re-connecting them with their families (called "family tracing"), contacting local government officials, and by accompanying them on their relocation travel.

84 clients or 9% of the total received assistance with relocation. The process is costly and resource intensive if done safely and appropriately (planning, identification of relocation site and contacts, handover partners) and often involves ongoing costs such as returning for court hearings. The average cost excluding staff time might be between PGK 1000-5000 (AUD 400-2000) per client, possibly more. However, as long as judicial solutions are difficult for clients to obtain, relocation will remain a desired option for a number of clients.

Welfare

260 clients (30%) were referred to the Morobe Welfare Department. It is estimated that some form of active intervention was taken in about half of those cases referred. There has been a reported increase in the proportion of cases where action was taken in 2017. The Morobe Welfare Department is overstretched having to intake more than 50 new clients per week, with at one stage only one staff member. The department now has two staff, and service capacity has improved correspondingly.

Courts and police

53% of clients seek a referral to the police, and 40% to the courts. Analysis of outcomes from these referrals is ongoing, and will be reported subsequently.

⁵ See <http://www.femilipng.org/relocation-repatriation-and-reintegration-understanding-the-differences/>

Client safety

The safety of the client is a key priority. Table 12 details verbal abuse and/or physical and/or sexual violence reported to Case Workers as occurring after the client commenced receiving Femili PNG services. Only one child, but 12% of adults reported physical and/or sexual violence after intake at some time during follow up. Verbal abuse was far more common, with 36% of all clients reporting either verbal abuse and/or physical and/or sexual violence after intake.

Table 12. Reported verbal abuse and/or physical and/or sexual violence after intake

	Children (166)	Adults (765)	Total (931)
Physical and/or sexual violence after intake	1 (0.6%)	89 (11.6%)	90 (9.7%)
Verbal abuse and/or physical and/or sexual violence after intake	45 (27.1%)	293 (38.3%)	336 (36.3%)

Note: Data missing on violence after intake for 2 child, 2 adult and 6 total clients.

Conclusion

The data reported above provides some unique insight into the lives of and challenges faced by survivors of family and sexual violence, and the services that they need and that can be provided to them. More analysis is underway. Nevertheless, the data collected so far and reported on here is illuminating. It shows that family and sexual violence affects women in PNG across the socio-economic spectrum. It also shows that most violence is committed by those known to the survivor. Overall, the alleged perpetrator was either a family member, friend or neighbour of 95% of our clients. Levels of family violence and abuse, both physical and verbal, need to be reduced in PNG as a matter of urgency.