SURVIVOR DATA FROM FEMILI PNG's FIRST DECADE

Stephen Howes and Estelle Stambolie

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Preface and acknowledgements

Femili PNG opened its doors in July 2014. The marking of its first decade of operations is an opportunity to look back and see what the organisation has achieved for the specific target population for which it was created: the survivors of family and sexual violence.

Femili PNG's client database or Case Management System (CMS) makes such a task possible. In this report, we document what we found from analysis of the CMS one decade on.

We hope that this report is useful to Femili PNG, and its funders and supporters, and more generally to those committed to gender equality and a world free of violence.

The views expressed do not necessarily represent those of Femili PNG or any other organisation, but are the responsibility of the authors, as are any errors.

Professor Stephen Howes
Director, Development Policy Centre, Crawford School of Public Policy, Australian National University and Chair, Femili PNG.

Estelle Stambolie
Research Officer, Development Policy Centre, Crawford School of Public Policy, Australian National University.

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Acronyms

CMC: Case Management Centre
CMS: Case Management System
FPNG: Femili PNG
FSV: Family and sexual violence
IPV: Intimate-partner violence
Non-IP SV: Non-intimate-partner sexual violence
SARV: Sorcery-accusation-related violence
BISH: Bel Isi Safe House
IPO: Interim Protection Order
PO: Protection Order
POM: Port Moresby

Definitions

Client: Survivors of family and sexual violence admitted (intaken) by Femili PNG.
Case: Most clients have only one case, but some have more. A case represents a client from intake to closure.
Case worker: Femili PNG staff who assist clients access the services they need.
Intake: The start of a case; the time at which basic information is gathered about the client and their objectives.
Children: Those under 18 years of age.
Closure: The closing of a case, either because the client's objectives have been achieved (for that case), or because they have changed their mind, or because contact has been lost with the client.
Family and sexual violence (FSV): Femili PNG defines FSV to include intimate-partner violence, non-intimate-partner sexual violence, child abuse, and sorcery-accusation-related violence.
Open case: A case that is not yet closed.
New client: A client who has not had previous cases with Femili PNG.
Repeat/return client: A client who has had a previous case with Femili PNG.
Relocation: A general term to refer to assistance to a survivor and dependents to move to an alternative location for their safety and with their consent. It includes repatriation (to return home) and reintegration (to return to where the survivor escaped from).
Safe house: A place providing emergency, temporary accommodation.

Executive summary

Femili PNG's mandate is to support survivors of family and sexual violence (FSV) access the services they need. Through the three case management centres it operates – in Lae, Port Moresby and Goroka – Femili PNG works with partners to serve its clients. It provides most clients with basic services such as food and clothing, advice and information, and safe transport. Through cooperation with its partner service providers, Femili PNG also supports survivors with emergency accommodation, helps them obtain restraining orders and other legal services, and assists them to relocate when required. This report analyses client data from Femili PNG's first ten years of operations using the organisation's Case Management System (CMS).

Survivor numbers

Between July 2014 and June 2024, Femili PNG admitted 7,452 survivors as clients. About 10% were repeat clients. Including dependants, Femili PNG's assistance over this period extended to 20,683 individuals.

Almost three times as many survivors become Femili PNG clients every month compared to a decade ago. Monthly intakes fell slightly during the COVID-19 pandemic and its aftermath, but are now growing again, and reached an average of 87 in 2023-24 (July-June financial year).

More than 40% of clients are now walk-in. Significant numbers are also referred by the police, health facilities, and businesses.

At any one time, Femili PNG is trying to help about 800 to 900 survivors. Case workers in the three offices manage between about 45 to 75 open cases each. Cases are closed on average after just less than a year.

Survivor characteristics

Most survivors who come to Femili PNG are female adults (83%). 9% are female children, 5% male adults and 3% male children. Their average age is 30. 81% of adult clients are married, and 70% have dependants. 10% of clients have a disability. Survivors have very varied educational backgrounds, but on average are better educated than the general population. 28% of adult clients are tertiary educated, 25% have only primary or elementary education, and 9% have no education at all. 10% of adult clients are self-employed, 36% are wage earners, and 53% are not in paid work.

Survivor abuse

81% of survivors who come to Femili PNG do so as a result of intimate partner violence; 13% due to child abuse; 3% as a result of non-intimate-partner sexual violence; and 2% on account of sorcery-accusation-related violence (SARV). Goroka has a much higher share of SARV survivors (17%), while Lae has a higher share of child abuse survivors

(15%). About 90% of survivors have experienced violence prior to the incident which they are reporting. Substance abuse is reported as a major cause of abuse (mentioned by 30% of adult survivors), alongside issues relating to adultery and polygamy (29%).

For adult survivors, the perpetrator is most likely to be their current or former intimate partner (92%), while for children it is most commonly a parent or guardian (61%).

Survivor objectives

At intake, case workers work with survivors to help them articulate their short- and long-term objectives. 83% of adult clients want a restraining order. Children (and their guardians) have more mixed objectives, but about half want the perpetrator arrested. Unfortunately, as the report reveals, though survivors can be helped in various practical ways, often the objectives formulated at intake are unrealistic, and are not achieved.

Referrals and case conferences

Femili PNG works in close coordination with partner service providers to deliver results for survivors. On average, about 20 to 30 survivors are referred each month to the police, courts and health facilities. Case conferences are held to develop plans with partners for complex cases. The data suggests that the number of case conferences may have fallen in recent years, suggesting that this is an area where more work is needed.

Basic services

Five basic services are provided to a majority, and in some cases, nearly all clients: provision of information (94%); basic needs, such as food and clothing (77%); legal advice (65%); counselling (64%); and safe transport (46%).

Beyond these basic services, Femili PNG helps many survivors access three specialised services: emergency accommodation, restraining orders, and relocation. These are discussed in each of the next three sections.

Emergency accommodation

Femili PNG operates one safe house, the Bel isi Safe House (BISH) in Port Moresby. It also supports its clients with basic needs and case management in a range of safe houses operated by NGOs and churches, and supports those operators with their resource requirements. A quarter of Femili PNG's clients are supported with safe house accommodation. The average stay has increased to about 50 days, but this is about twice the median (typical) stay, as there is a long tail of long-stayers. On a typical day Femili PNG now supports 85 survivors and their dependants in safe houses across the country.

The average number of BISH residents has grown from 9 at commencement in 2018-19 to 17 in 2023-24. BISH capacity utilisation has increased over the same period from 38% to 79%.

A higher percentage of child (43%) than adult (22%) clients use safe houses, and children have longer average stays. Many adult clients also have dependants, so, in fact, slightly more than half the individuals Femili PNG supports in emergency accommodation are children.

Restraining orders

Many more of Femili PNG's clients are able to access an Interim Protection Order (IPO) from the courts than a decade ago. Now, on average, about 20 are granted an IPO per month, compared to less than 10 or even five in the first few years of operations. However, the number peaked as early as 2019-20. 76% of survivors who come to Femili PNG want an IPO, but only about 20-30% actually get one. The median time from intake to lodgement is 23 days, and then from lodging to granting four days, meaning there is a four-week period from intake to obtaining the protection of an IPO. Reducing this time would provide greater protection for survivors. Only half as many longer-term Protection Orders (POs) are issued compared to IPOs.

Relocation and business kits

A small number of survivors are relocated with their consent to their home village or another location for their safety. Relocations were highest in the first few years of operations, but after an internal review have remained at levels of around 3-6% of intake since 2017-18. Start-up business kits are also used to support a small number of survivors, and about a third of these are given to relocated clients. About 50-60 kits are issued to survivors every year.

Survivor outcomes

The best way to measure the difference Femili PNG is making for those survivors who request its help is to ask them. Femili PNG regularly asks a sample of clients for feedback. Nearly all clients report either a full resolution or partial resolution of their problems and that the services Femili PNG provides help protect them from further violence. 86% of clients are extremely satisfied with Femili PNG's performance. Although the client feedback surveys are biased towards clients who make more use of Femili PNG, the findings are strongly supportive of the conclusion that the organisation is making a real difference in the life of survivors.

Conclusion

Femili PNG's CMS enables the organisation to track its ability to help survivors over time, and across its three centres. Many of the results shown are very positive. Femili PNG today assists many more survivors than a decade ago, and helps many more of them access safe house accommodation and restraining orders. At the same time, the analysis also shows important remaining challenges. In particular, although Femili PNG is able to help many more survivors obtain restraining orders than when it began, the trend is not upwards. And most survivors who say they want an IPO still do not get one.

We do not end the report with a list of recommendations, but the findings make clear that there are a number of areas for further investigation and follow-up. The commencement of its second decade of operations is an ideal opportunity for Femili PNG and its partners to build on the achievements and lessons of the first decade, and strategise on how to provide critical and timely services to a greater number of survivors of family and sexual violence.

Introduction

Femili PNG saw its first client on 25 July 2014 in its first Case Management Centre or CMC in Lae. A second CMC was opened in Port Moresby in September 2018 as part of the Bel isi PNG public-private partnership, which Femili PNG operates. A third, smaller CMC was opened in Goroka in the PNG Highlands in February 2021.

Femili PNG's mandate is to support survivors of family and sexual violence (FSV) access the services they need. The three CMCs – in some other countries called crisis centres – do just that. Femili PNG does much else besides – including outreach, training and partner support – but is a client-oriented organisation and supporting survivors is its primary objective.

Femili PNG works with partner service providers to serve its clients. It provides most clients with basic services such as food and clothing, advice and information, and transport. Femili PNG also supports survivors with emergency accommodation. It operates the Bel isi Safe House in Port Moresby. Both in Port Moresby and in other locations, Femili PNG supports other NGOs that operate safe houses, and supports its clients (e.g. with food) in those safe houses. Most clients want to take out a restraining order to protect themselves from their perpetrator, and Femili PNG provides them with legal advice, and helps them submit an application for an Interim Protection Order or Protection Order. Femili PNG also helps a small number of survivors relocate away from danger, often to their home village, if that is what they want.

Since opening, Femili PNG has maintained a database of clients and client interactions and services. It also seeks direct feedback from a small sample of clients. Femili PNG's data collection has undergone many changes over the last decade (see Annex A for details). Client forms are filled out by case workers, still mainly on paper. The information is then digitised by Information Officers. Originally a spreadsheet was used to compile data. Now Femili PNG's Case Management System (CMS) is a relational database that fully captures the complexity of the services Femili PNG provides and assists with. The CMS makes it easy for individual case workers to track the progress of the various survivors each one is assisting. It also provides an invaluable data source for the organisation as a whole.

No data system is perfect, and, while Femili PNG's data system has improved, there are certainly ongoing – and sometimes new – challenges in the CMS. Case workers are busy, and services are complex. The numbers in this report are based on staff input into the CMS; inevitably, they are estimates rather than actuals. Howes and Stambolie (2024) check the accuracy of the CMS estimates using the client feedback survey and find a high but incomplete level of agreement between the two sources. That said, the data set made available by the CMS is unique in the PNG context, and very unusual worldwide. Moreover, the extensive analysis compiled in this and other reports puts positive pressure on data quality.

Over the years, various reports have been produced based on Femili PNG's client data, including a two-year review (Lokuge *et al.* 2017) and a six-year evaluation (Putt 2021), as well as a specialised report on restraining orders (Putt and Kanan 2021). Reports on client feedback were released in 2016, 2021 and 2024 (Femili PNG 2017 and 2021; Howes and Stambolie 2024).

Unless where otherwise stated, this report is based on data from all clients from July 2014 to June 2024. In a number of instances, due to changes in the client forms and database, data is only reported for recent years, rather than right back to 2014. In a few instances, it was only possible to include data up to May 2024.

This report does not cover all of Femili PNG's operations. It says nothing about outreach and training, or about partner support and sectoral coordination. These are all important, but this report is focused on Femili PNG's core mandate to support survivors of family and sexual violence.

Femili PNG can do little to secure services for clients on its own. It therefore works in partnership with a range of service delivery organisations, from the police, to welfare, to the courts and to numerous safe houses. This report is written to strengthen the response to family and sexual violence across the sector, and it reflects the achievements of and challenges faced by all partners.

Survivor numbers

Intake

The number of survivors turning to Femili PNG for assistance shows slow growth in the early years, and then rapid growth following the opening of the Port Moresby office in September 2018. The POM office now assists almost as many survivors as the Lae office. The much smaller Goroka office opened in February 2021 and has grown to receive about 10 clients a month. Client numbers in both Lae and POM started to fall in the second year of the COVID pandemic, especially in Lae. So, even with the Goroka office opening, aggregate intake stayed roughly constant between 2019-20 and 2022-23. However, the number of survivors turning to Femili PNG grew by 13% in 2023-24 and has reached a record high. Overall, the need for Femili PNG's services remains very high, and it is expected that intake numbers will continue to increase.

Monthly average intake

Lae ● POM ● Goroka

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Total	32	44	35	44	61	81	82	78	78	87
Goroka							2	7	8	10
POM					15	37	33	29	32	35
Lae	32	44	35	44	46	44	45	42	38	42
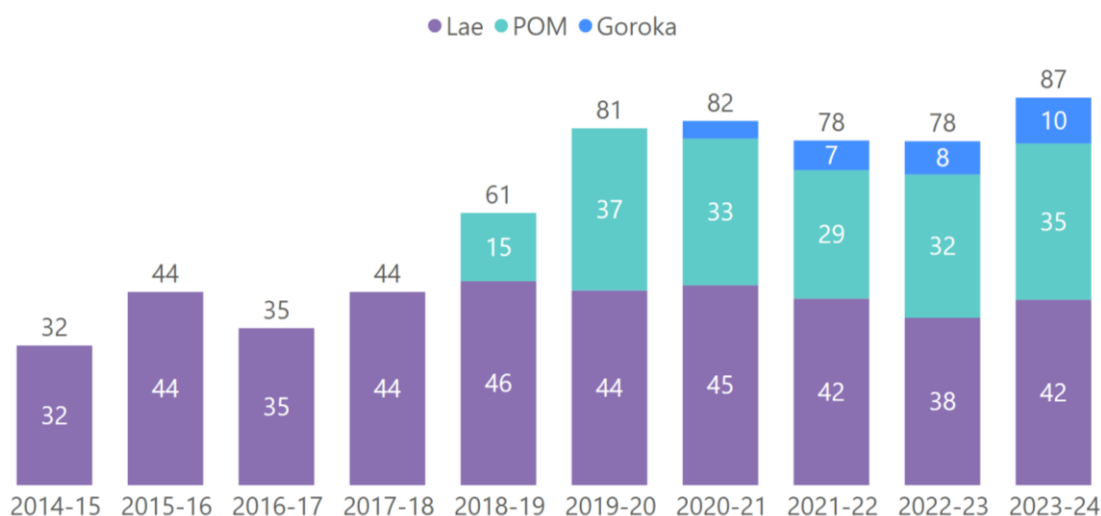
Figure 1

Femili PNG grew out of the Angau Hospital Family Support Centre in Lae.[1] Fewer survivors are now referred from the health sector, but more come from the police, and from business partners, especially in Port Moresby through the Bel isi PNG public-private partnership to which a number of businesses subscribe. In the first year, all survivors were referred by partners, but the biggest growth has come from self-referred (walk-in) clients, which now make up 43% of the total.

Monthly average intake by main referral source

● a. Walk in ● b. Police ● c. Health ● d. Business ● e. Other

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Total	32	44	35	44	61	81	82	78	78	87
e. Other			8	7	10	12	14	10	10	12
d. Business						8	8	6	9	9
c. Health	28	35	15	10	14	14	9	10	11	10
b. Police			6	9	11	19	24	21	20	19
a. Walk in			6	17	22	28	28	30	27	38
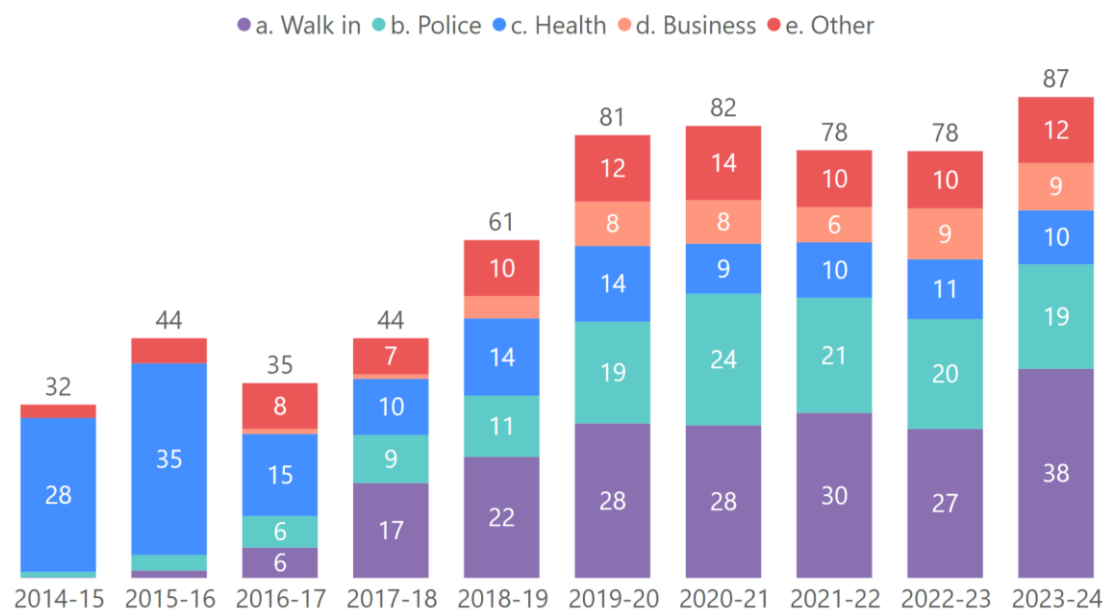
Figure 2

In total, Femili PNG assisted 7,452 survivors as clients in its first decade: 6,924 new clients and 528 return clients.

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[1] See Howes, Ilave and Plana (2017) for the early history of Femili PNG.

Cumulative cases

● New ● Reopened

Year	New	Reopened	Total
2014-15			378
2015-16	882		901
2016-17	1293		1326
2017-18	1780		1849
2018-19	2465		2586
2019-20	3370		3552
2020-21	4284		4538
2021-22	5126		5471
2022-23	5973		6402
2023-24	6924	528	7452
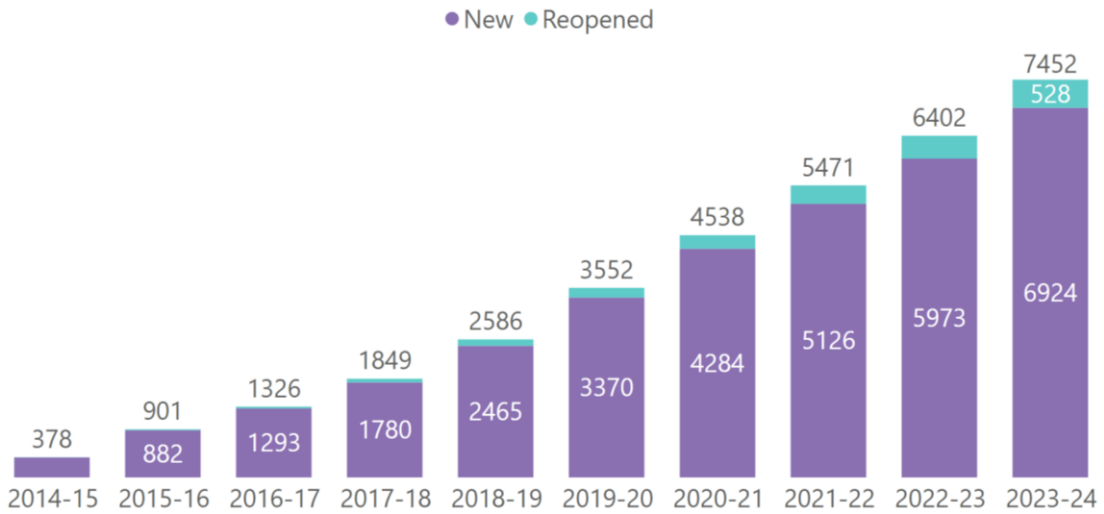
Figure 3

The clients have more than 13,000 dependants, so, looking at both survivors and their dependants, Femili PNG has extended assistance to more than 20,000 individuals over the last ten years.

Cumulative clients and dependants

● Clients ● Dependants

Year	Clients	Dependants	Total
2014-15			1210
2015-16	2048		2930
2016-17	1293	2973	4266
2017-18	1780	4022	5802
2018-19	2465	5549	8014
2019-20	3370	7534	10904
2020-21	4284	9495	13779
2021-22	5126	11137	16263
2022-23	5973	12542	18515
2023-24	6924	13759	20683
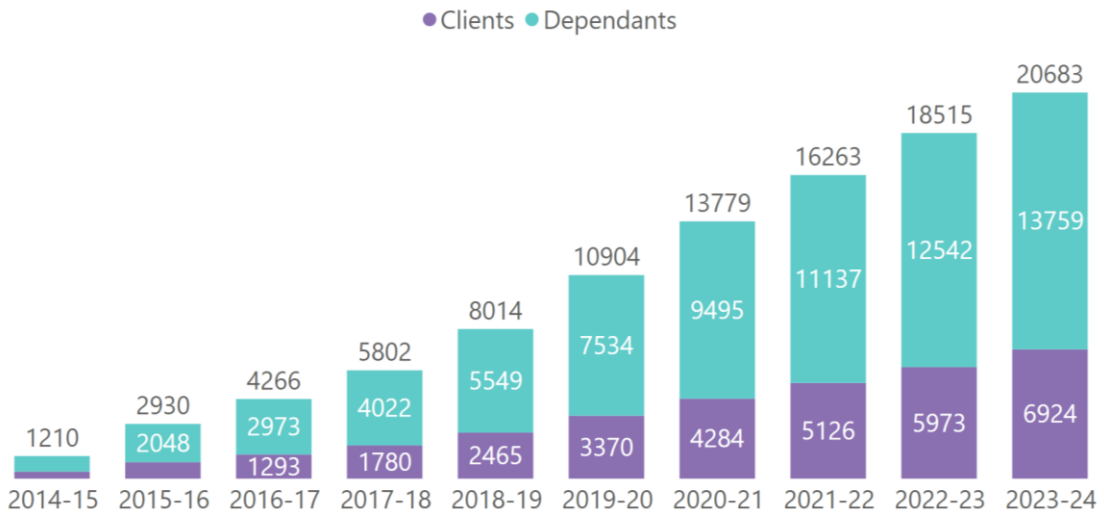
Figure 4

The number of repeat cases – cases involving a return client – has grown to reach nearly 10% of all cases. Almost all repeat clients (88%) have two cases. From one point of view, the growth in repeat clients is a positive: clients wouldn't return if they didn't find the service useful. But it also represents the reality that it is often difficult to find a full and lasting resolution to FSV cases.

Repeat cases

Repeat cases

Year	Percentage
2014-15	0.8%
2015-16	3.1%
2016-17	3.3%
2017-18	6.9%
2018-19	7.1%
2019-20	6.3%
2020-21	7.3%
2021-22	9.8%
2022-23	9.0%
2023-24	9.4%
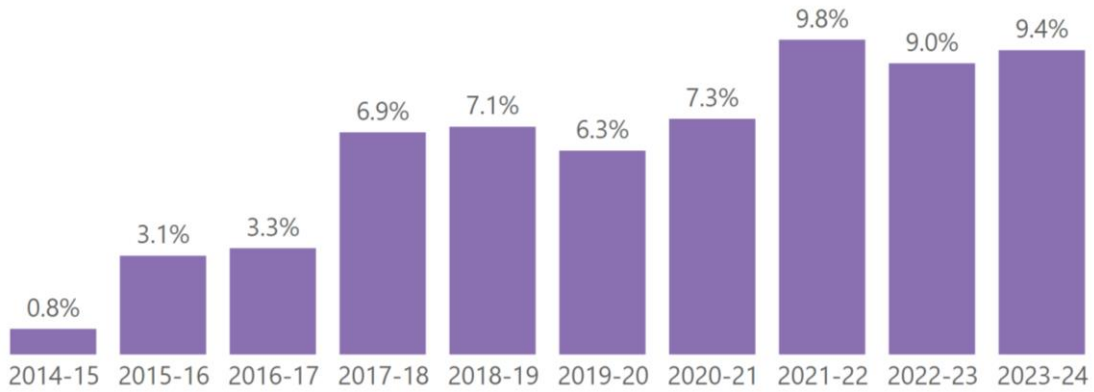
Figure 5

Case load

After intake, a survivor's case is open until it is closed. Open cases grew till 2020, and have since stabilised between 800 and 900. Open cases in Lae have stabilised between 300 and 400. Open cases in POM quickly grew to above 500, but have since stabilised to between about 450 and 500 due to a more proactive approach being taken to case closure.

Open cases
● Lae ● POM ● Goroka

Year	Lae	POM	Goroka	Total
2014-15	233			233
2015-16	396			396
2016-17	464			464
2017-18	392			392
2018-19	370	178		548
2019-20	365	462		827
2020-21	331	530		907
2021-22	309	444		795
2022-23	362	502		929
2023-24	346	454	88	888
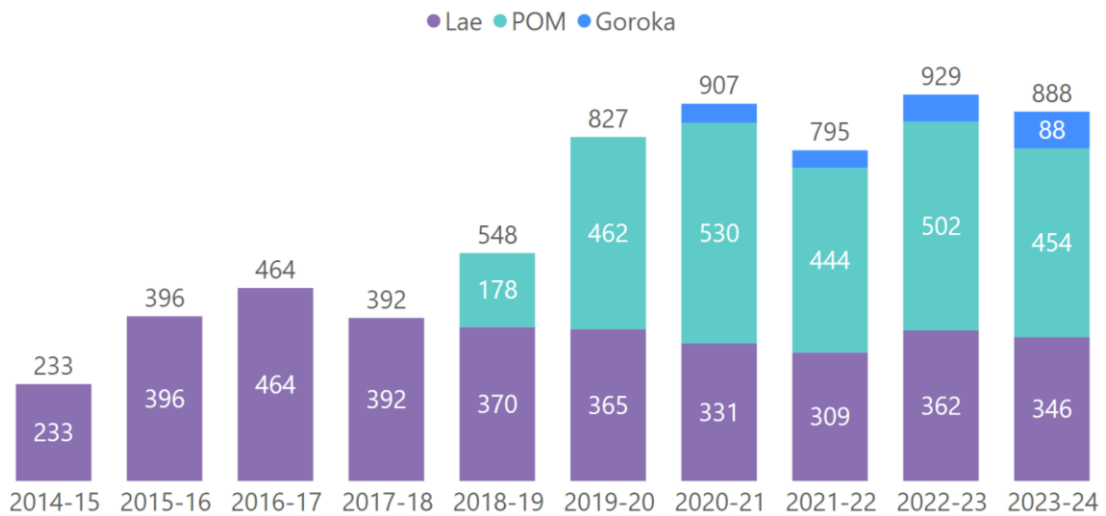
Figure 6 *Note: Open cases are measured at the end of each year.*

Clients per case worker ranges from about 45 in the newer Goroka centre to around 60-75 in the Lae and Port Moresby CMCs. This heavy case load means that case workers are always stretched.

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Open cases per case worker (end of 2023-24)
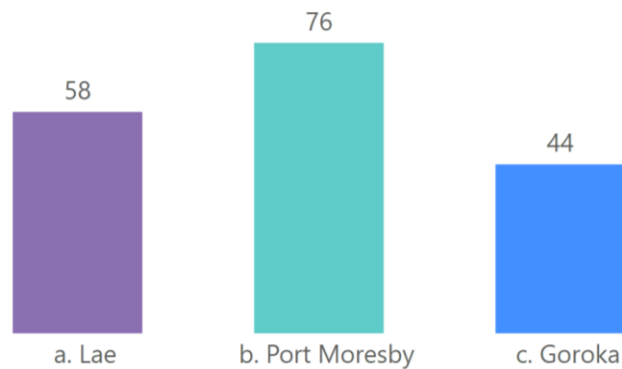
Figure 7

Case length

Cases are closed once the survivor's original objectives – determined at intake – are achieved, or if the survivor changes their mind and decides they no longer want to use Femili PNG's services, or if contact is lost with them. The average case length – time between intake and closure – has varied but is now on average just under one year.

Average case length by year of closure
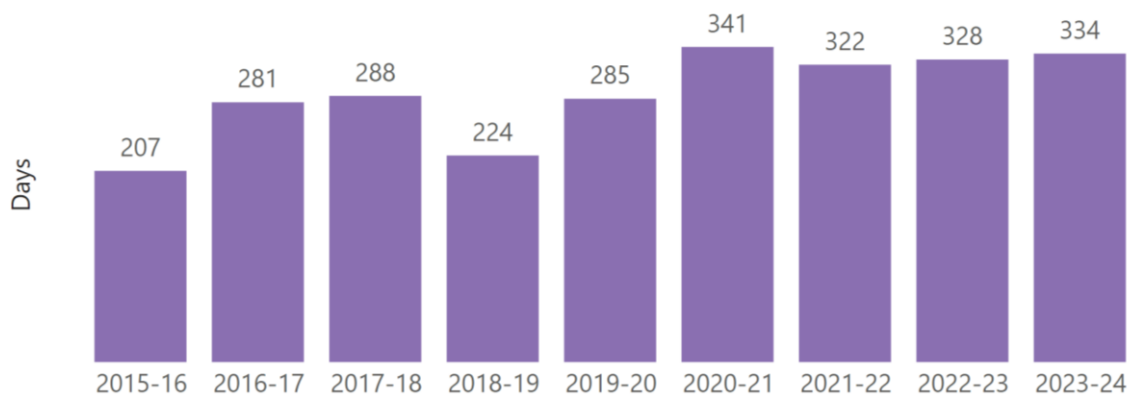
Figure 8 *Note: Case length was not measured until 2015-16.*

Follow-ups

Follow-up forms record contact with (or in relation to) the survivor after intake. Monthly follow-ups have declined from a peak of just under 1,000 in 2021-22 to around 900 in 2023-24. This variation may in part reflect changes in how a follow-up is defined and other changes to the CMS (see Annex A).

Monthly average follow-ups

● Lae ● POM ● Goroka

Figure showing stacked bar chart of monthly average follow-ups by year and location:

Year	Lae	POM	Goroka	Total
2016-17	334			334
2017-18	525			525
2018-19	513	143		655
2019-20	576	324		901
2020-21	504	328		871
2021-22	543	366		973
2022-23	457	402	72	931
2023-24	409	401	79	890
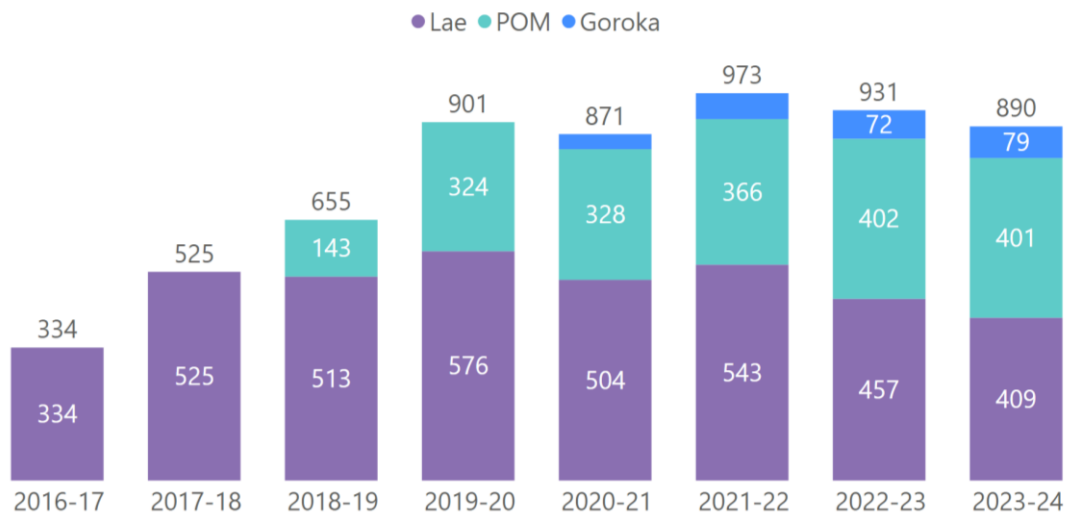
Figure 9 *Note: Follow-ups were not monitored before November 2015.*

The median (or typical) client has six follow-ups. However, on average, a client has almost 11 follow-ups per case.[2] This is because there are some very complex cases that require a large number of follow-ups. About 19% of survivors have no or only one follow-up. Realistically, Femili PNG is not able to provide much help to these survivors, though the information and practical counselling and referrals provided at intake may be of use. 25% of survivors have 2 to 4 follow-ups, and 19% have 5 to 9 follow-ups. 37% have ten or more follow-ups, and 18%, 20 or more. The maximum number of follow-ups for a single survivor so far is 186.

Cases by number of follow-ups

Category	Percentage
a. 0-1	19%
b. 2-4	25%
c. 5-9	19%
d. 10-14	11%
e. 15-19	8%
f. 20-29	9%
g. 30+	9%
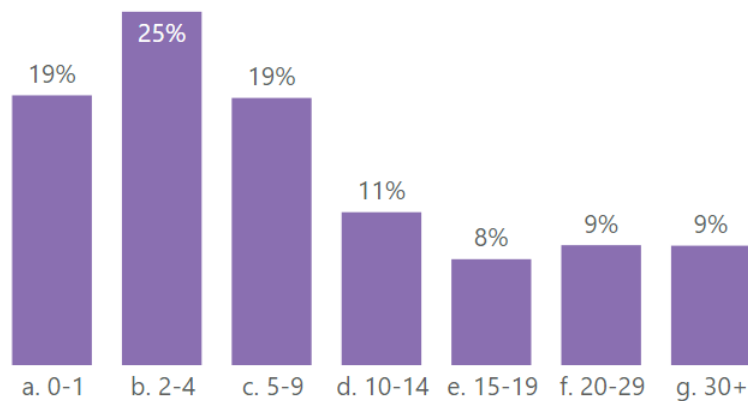
Figure 10 *Note: 2016-17 to 2022-23.*

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[2] Both average and median are defined over closed cases only.

Survivor characteristics

Age and gender

The average age for all clients is 30, which is also the median (or typical) age.

Age distribution of survivors
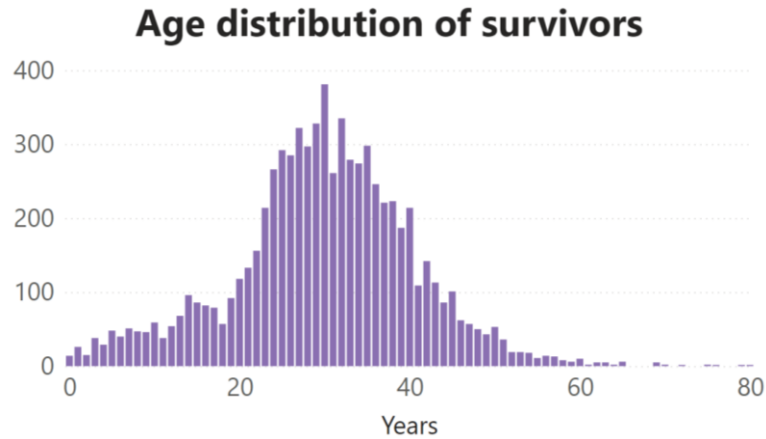
Figure 11 *Note: The graphs in this section (survivor characteristics) and the next (survivor abuse) are defined over cases. They can be thought of showing weighted averages of clients, where the weights represent the number of cases per client. As the number of clients is 93% of the number of cases, virtually the same results are obtained whether clients or cases are used.*

By far the largest number of survivors who come to Femili PNG for help are female adults, 83% of the total. Another 9% of survivors are female children, 5% are male adults, and 3% are male children.

Survivors by gender and age
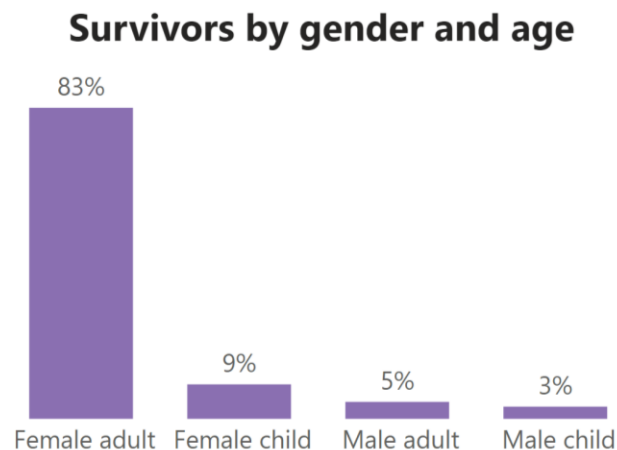
Figure 12

There are some differences by CMC, with a smaller number of child clients in Port Moresby, where adults dominate due to the Bel isi PNG public-private partnership which results in more working women becoming Femili PNG clients. In Goroka, there is a higher percentage of male adult clients, which reflects the importance of sorcery-accusation-related cases for that centre (see Figure 21).[3]

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[3] 30% of the SARV cases are male adults, and 65% female adult. The remaining 5% are children.

Survivors by gender and age by CMC

● Female adult ● Female child ● Male adult ● Male child
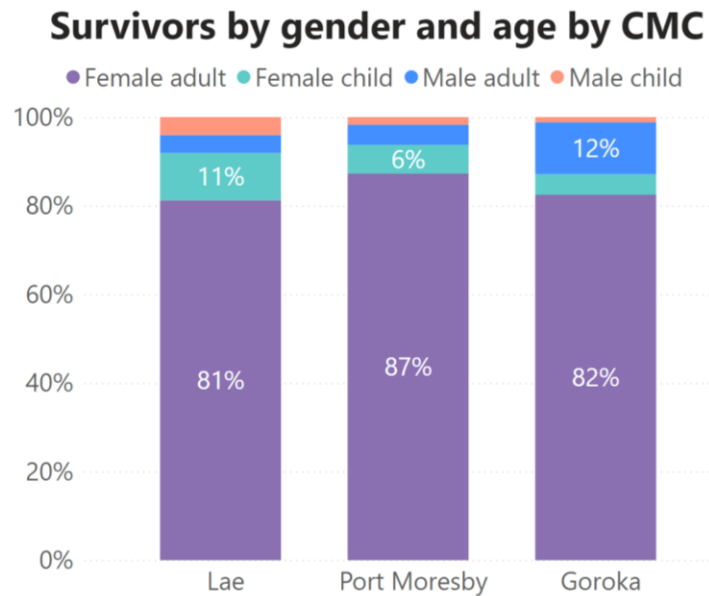
Figure 13

Relationship status and dependants

81% of adult survivors are married, 8% are divorced or separated, 6% are cohabitating, 4% are single and less than 1% are widowed. 70% of adult clients have dependants. The average number of dependants (for clients with a dependant) is 2.6.

Adult survivors with dependants

Number of dependants
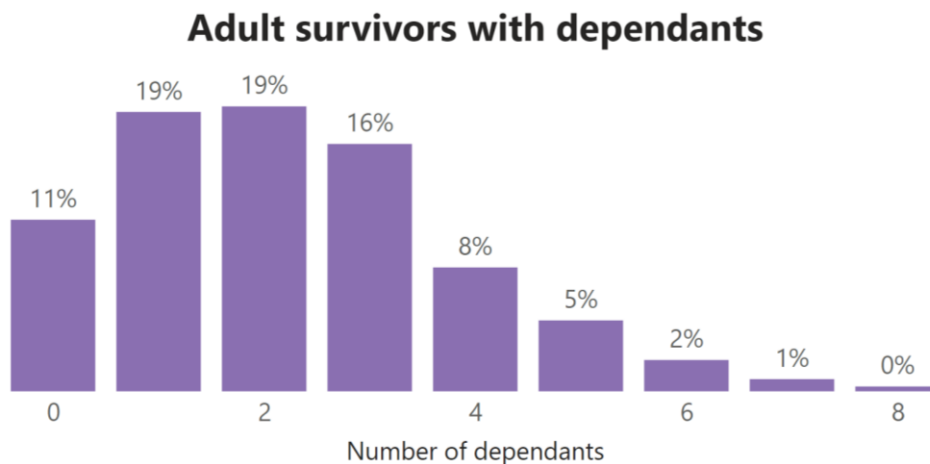
Figure 14

4% of female adult clients, and 3% of female child clients are pregnant when they come to Femili PNG.

Disability

An increased share of clients has a disability, which is consistent with Femili PNG's growing focus on the issue. The organisation's first disability policy was approved in 2018. Intake questions about disability were changed in February 2018 to make them much more specific which led to more survivors being identified as disabled.

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Survivors with a disability

Year	%
2014-15	1.3%
2015-16	0.6%
2016-17	1.9%
2017-18	3.7%
2018-19	7.9%
2019-20	11.9%
2020-21	11.9%
2021-22	8.2%
2022-23	10.6%
2023-24	7.5%
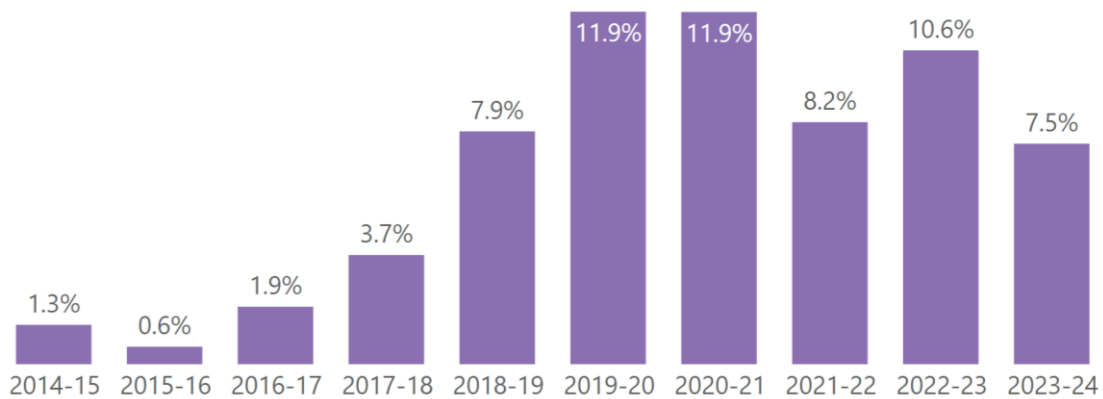
Figure 15

Port Moresby has a much higher ratio of clients with a disability: 14% compared to 9% for Goroka and 7% for Lae (data from 2018-19 onwards). This may reflect the more educated clientele in Port Moresby, and a greater awareness of disability. The most common type of disability is visual (45%).

Types of survivor disabilities

Type	%
Visual	45%
Auditory	21%
Oral communication	15%
Memory	14%
Other	12%
Mobility	7%
Self-care	6%
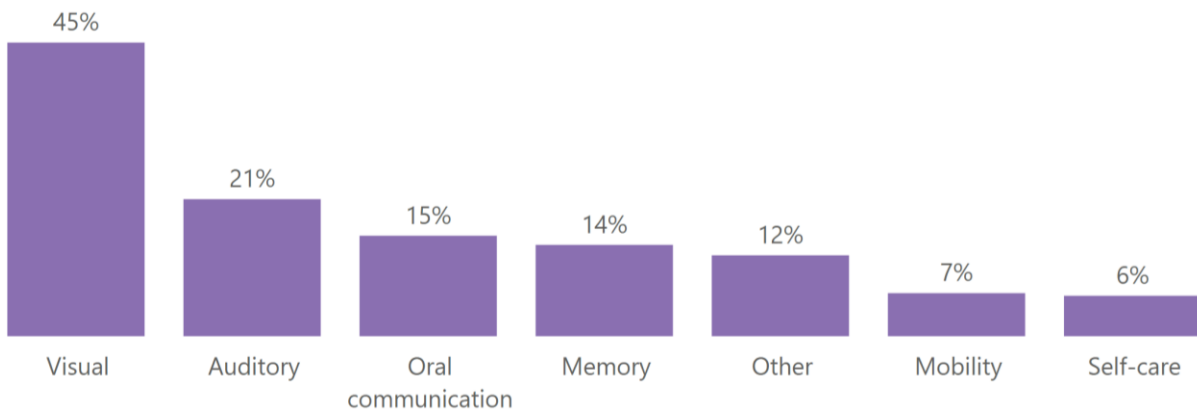
Figure 16 *Note: Data from 2018-19 onwards.*

Education

Femili PNG clients have very varied educational backgrounds, but on average are relatively well educated compared to the PNG population in general. According to the 2016-18 PNG Demographic and Health Survey (NSO & ICF 2019), only about 4% of females above age 20 in Papua New Guinea have education beyond secondary school. However, this group constitutes 36% of the adult Femili PNG clientele. The share of the adult client body with secondary education (31%) is also much higher than the female adult population share (14%). The share with only a primary education is lower than the country female adult share (23 v 34%), as is that with no education at all (9% v 42%). This is consistent with Femili PNG's urban presence.

Survivor education level
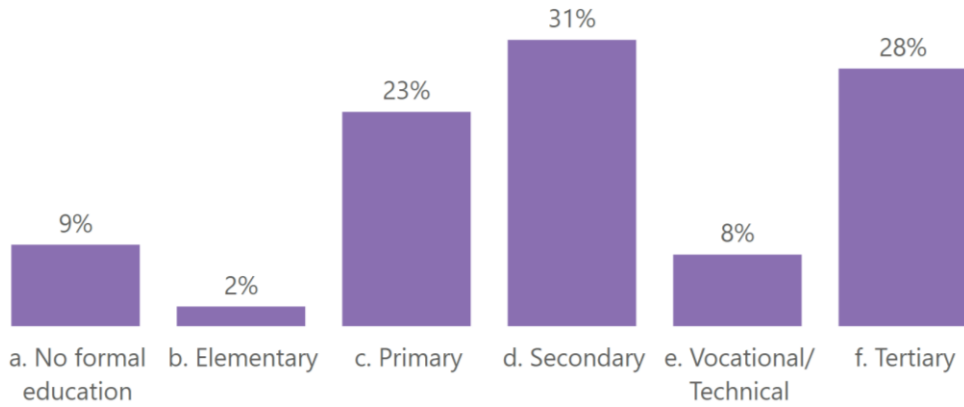
Figure 17 *Note: Adults only for this and the next graph.*

Port Moresby clients are better educated in general, whereas Goroka has the highest portion of adult clients with only primary education (29%).

Survivor education levels by CMC

● a. No formal education ● b. Elementary ● c. Primary ● d. Secondary ● e. Vocational/ Technical ● f. Tertiary
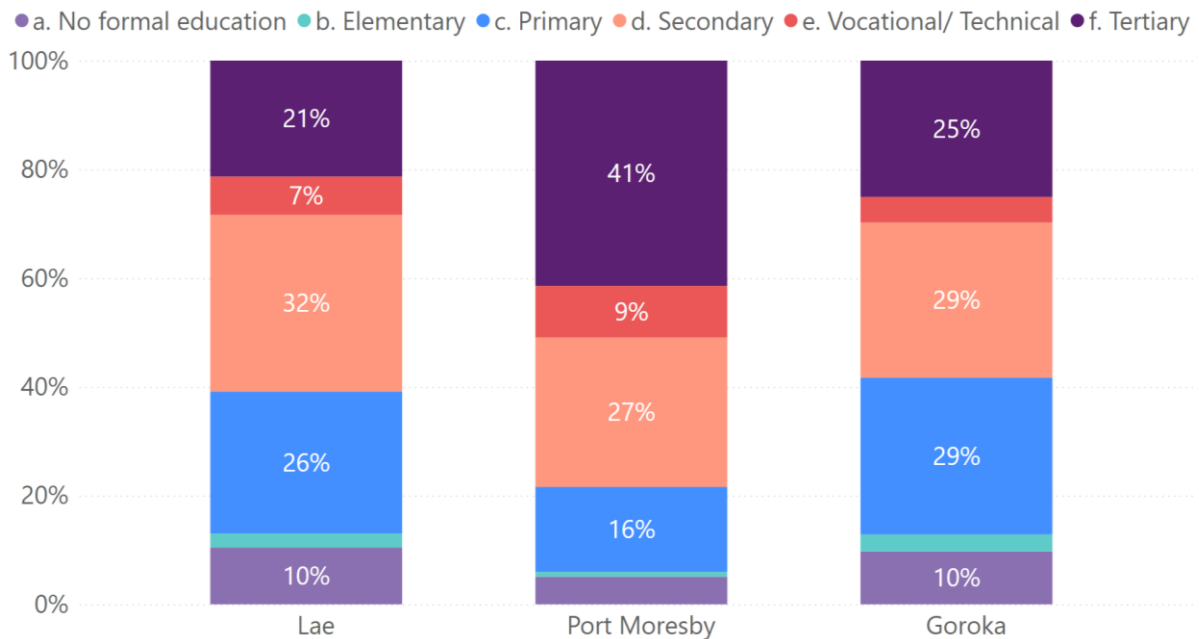
Figure 18

One reason for the higher education levels in Port Moresby is the number of survivors referred from businesses who subscribe through Bel isi PNG to the services operated by Femili PNG. 67% of these clients are tertiary educated and another 12% have technical/vocational training.

Employment status

Slightly over half (53%) of Femili PNG's adult clients are not in paid work. 36% are wage earners and 10% are self-employed. Among children, only 25% are in school. Even if we look just at children older than ten, only 31% are at school, far below the national average. This illustrates how disruptive child abuse is.

Survivor employment status
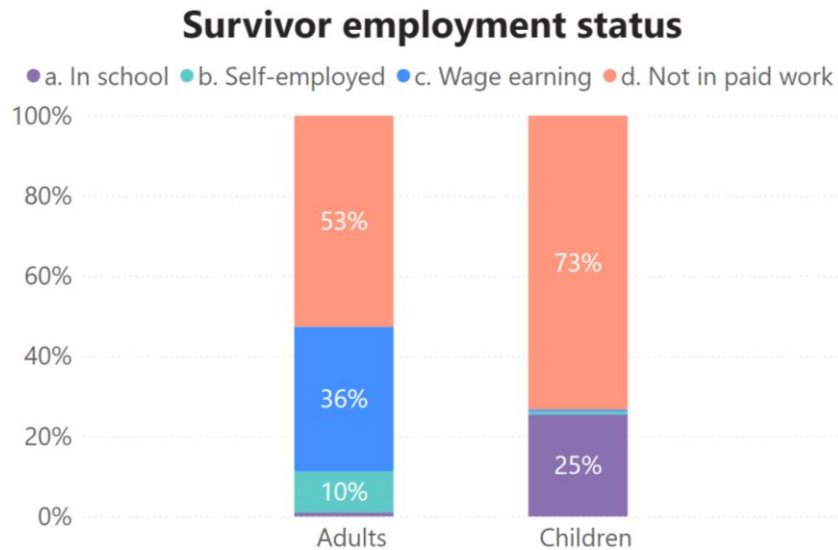
Figure 19

Survivors' employment status across locations matches their education profile. Port Moresby has the highest portion of wage-earning clients; Goroka the highest share not in paid work.
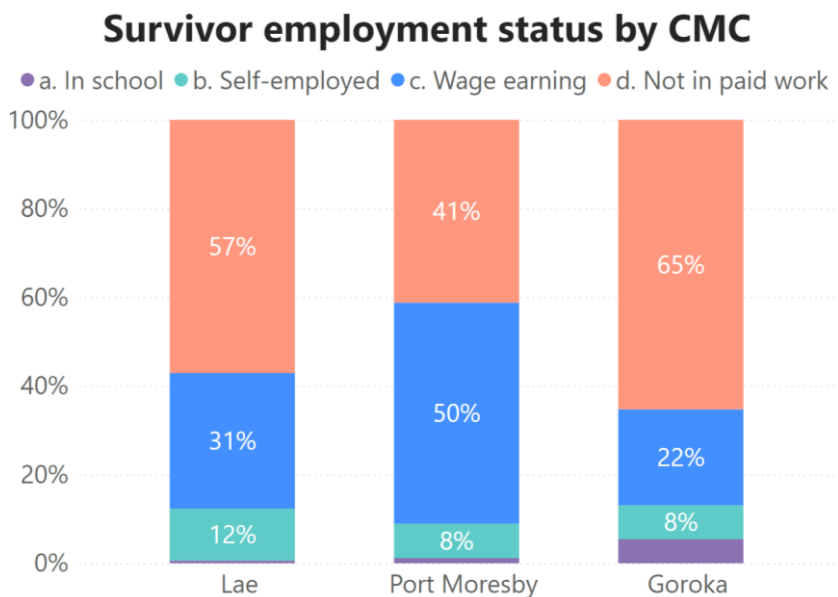
Figure 20 *Note: Adults only.*

Survivor abuse

Categories of abuse

Four categories are used for the abuse that results in survivors coming to Femili PNG. The most common type by far is **intimate-partner violence (IPV)**, which is responsible for 81% of all cases across all CMCs. **Child abuse** is the next most common type of abuse, and is responsible for 13% of all cases. Another 3% of cases are **non-intimate-partner sexual violence (non-IP SV)**, which makes it the third most common overall. **SARV** or

sorcery-accusation-related violence are only 2% of all cases but 17% in Goroka. There is a tiny "other" category for miscellaneous cases (1%).

Categories of abuse by CMC

● a. IPV ● b. Child abuse ● c. Non-IP SV ● d. SARV ● e. Other
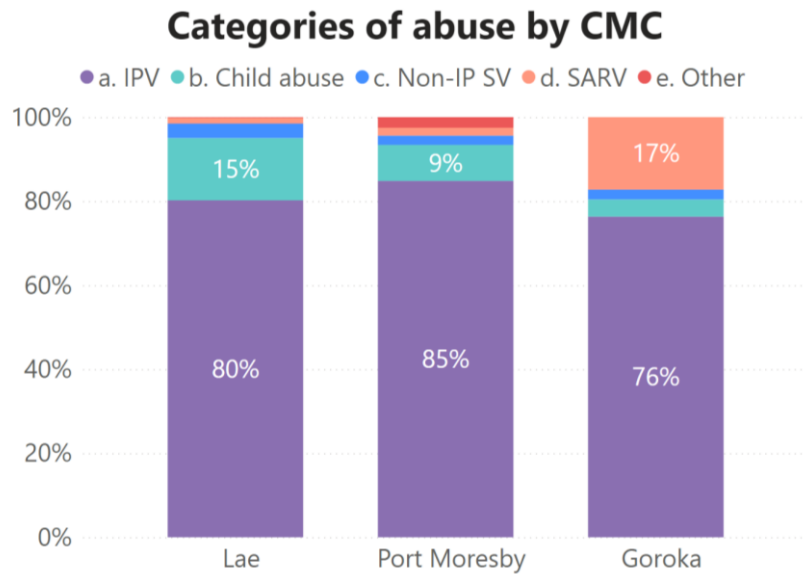
Figure 21

IPV cases show a wide range of forms of abuse. There are high rates of sexual abuse – rape (21%) and sexual assault (12%) – and virtually all IPV survivors report physical abuse (86%) and emotional abuse (94%).

Types of abuse reported by IPV survivors
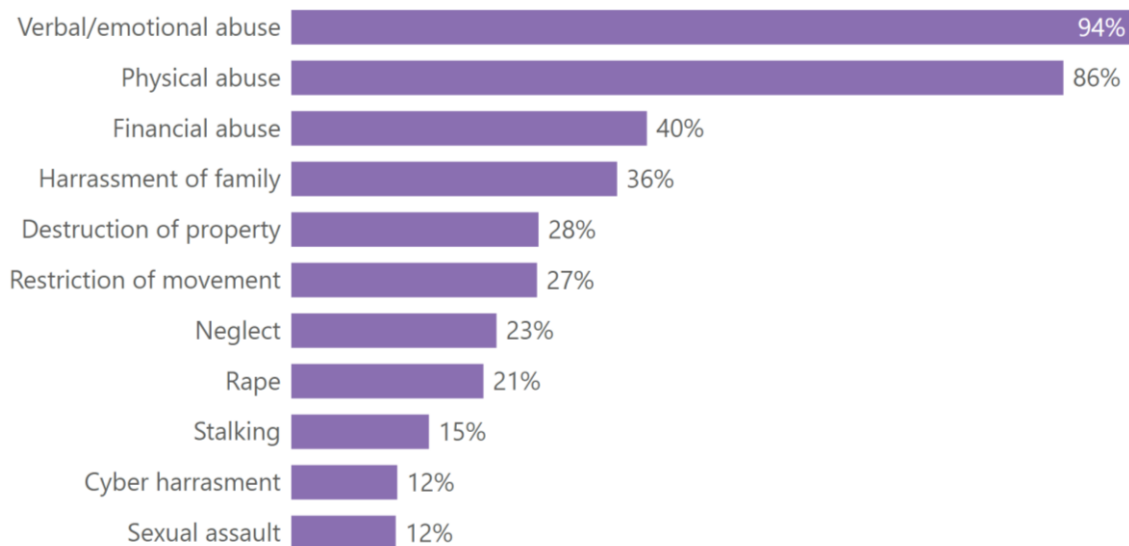
Figure 22 *Notes: For this and subsequent graphs in this section (client abuse) and the next section (client objectives), data is from 2019-20 onwards. Only subtypes reported by more than 5% of cases are shown; survivors may report more than one form of abuse.*

Relative to IPV survivors, SARV survivors face slightly lower risks of physical and verbal abuse, but higher risks of eviction (42%), torture (40%) and risk of murder (8%) – none of these three are reported by more than 5% of IPV clients.

Types of abuse reported by SARV survivors

Type	Percentage
Verbal/emotional abuse	84%
Physical abuse	66%
Destruction of property	47%
Eviction	42%
Torture	40%
Other	13%
Risk of murder	8%
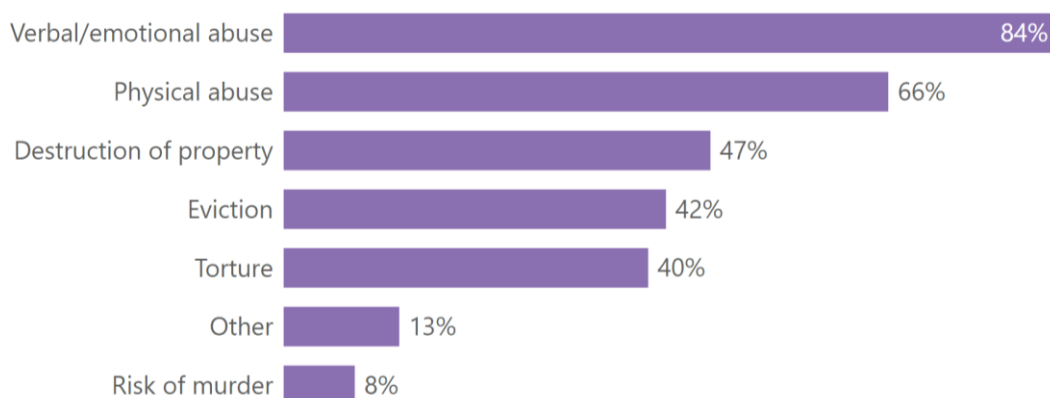
Figure 23

Physical and emotional abuse are less common in child abuse than in IPV cases, but rape and sexual assault more so (27% and 24% respectively).

Type of child abuse reported

Type	Percentage
Verbal/emotional abuse	56%
Physical abuse	46%
Neglect	31%
Rape	27%
Sexual assault	24%
Child labour	15%
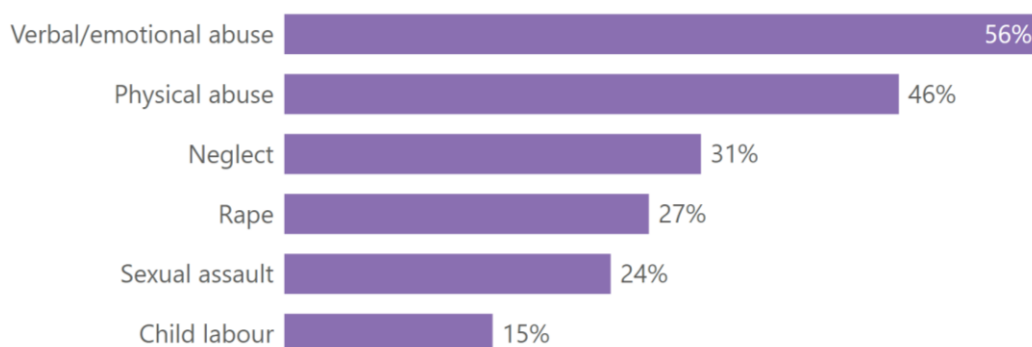
Figure 24

Causes of abuse

Femili PNG records the client's account of the cause of the abuse they have experienced. For cases involving adults, substance abuse is listed as the most common cause – by 30% of survivors.

Reported causes: adult survivors

Cause	Percentage
Substance abuse	30%
Adultery	24%
Punishment	17%
Financial	17%
Forced sex	11%
Denial of resources	11%
Polygamy	5%
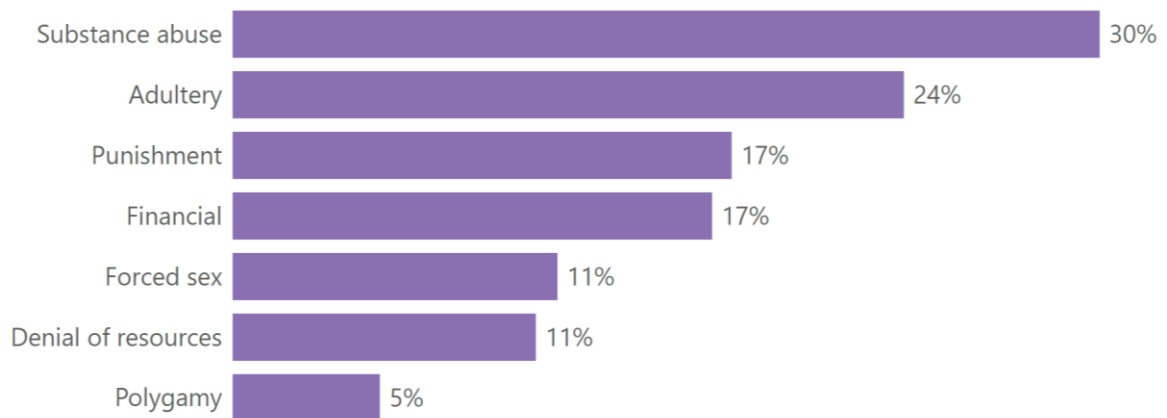
Figure 25 *Notes: The causes exclude the large and general 'Interpersonal issues' category and any category reported by less than 5% of cases. More than one cause can be reported.*

For cases involving children, substance abuse is less prevalent as a reported cause. The most important is actually forced sex, meaning that there is no other obvious reason for the sexual assault of the child.

Reported causes: child survivors

Cause	Percentage
Forced sex	31%
Punishment	28%
Denial of resources	21%
Substance abuse	11%
Nuclear vs ext. family	6%
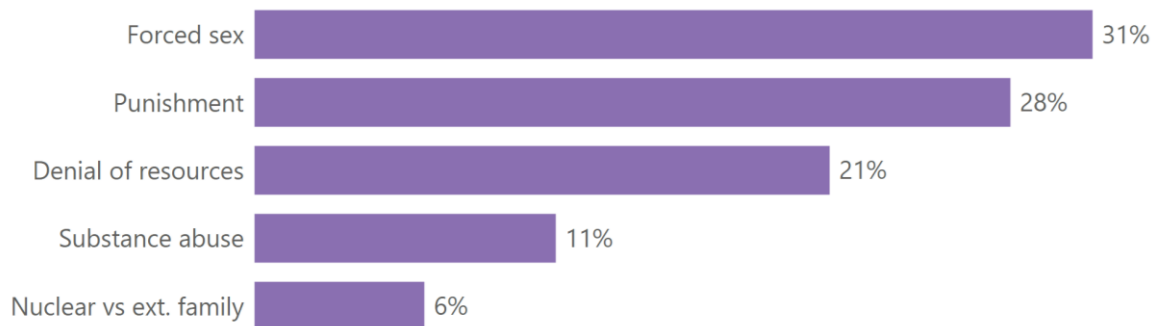
Figure 26

Previous violence

About 90% of all clients who come to Femili PNG have experienced violence (either emotional or physical) prior to the incident which is the catalyst for their becoming a client. The average is highest in Port Moresby at 94%, followed by Lae at 86% and Goroka at 72%.

Share of cases with prior violence
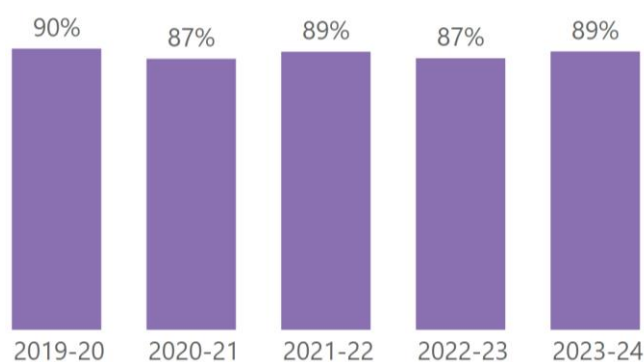
Figure 27 *Note: Assumed when no response to this question recorded, then no prior violence.*

Risk

22% of all adult cases are rated by the admitting case worker as high risk and 35% of child cases. SARV cases are most likely to be rated high risk.

High risk cases by abuse type
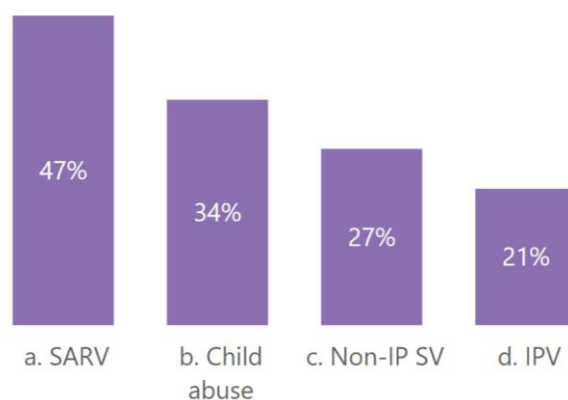
Figure 28

Perpetrator characteristics

Perpetrator characteristics are also recorded. In the case of adult survivors, 92% of the perpetrators are the partner or former partner of the client. For 42% of child survivors, the mother or father is the perpetrator, for 19% it is their primary guardian (not a parent), and 13% another family member. For 12% of children, a family friend/neighbour is the perpetrator. For adult survivors, the perpetrator is male 92% of the time, and for children 78% of the time.

Survivor objectives

At intake, clients discuss their cases with case workers and agree on objectives, both short-term and long-term. The objectives of adults and children are quite different, and are analysed separately below.

83% of adult clients nominate obtaining a temporary restraining order (an Interim Protection Order or IPO) as a short-term objective.

Major short-term objectives for adult survivors
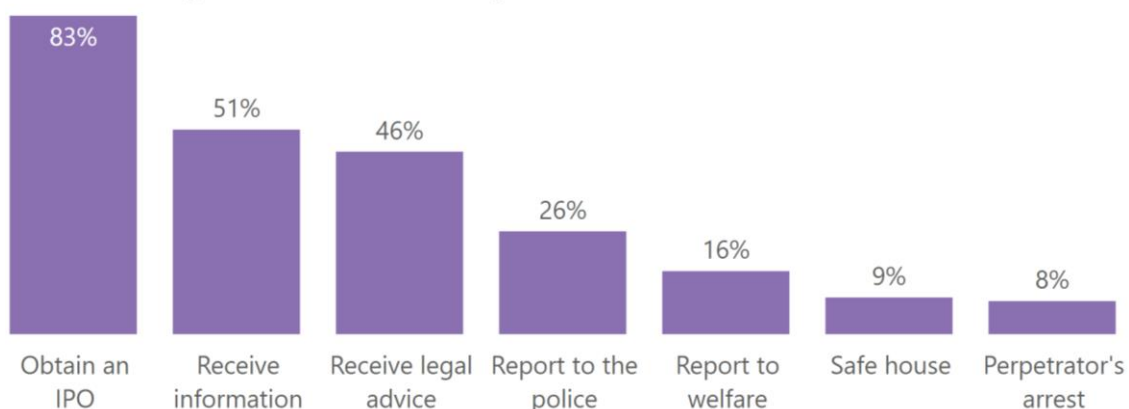
Figure 29 *Note: Data for this and other graphs relating to client objectives exclude objectives stated by a smaller share of clients than the lowest percentage shown.*

Turning to long-term objectives, again restraining orders dominate. 83% of adult survivors say that their long-term objective is to get a longer-term restraining order (a PO or Protection Order). 41% of survivors want separation from their partner, but another 9% want the violence to stop but to stay together with their partner. 10% want to be relocated to safety.

Major long-term objectives for adult survivors
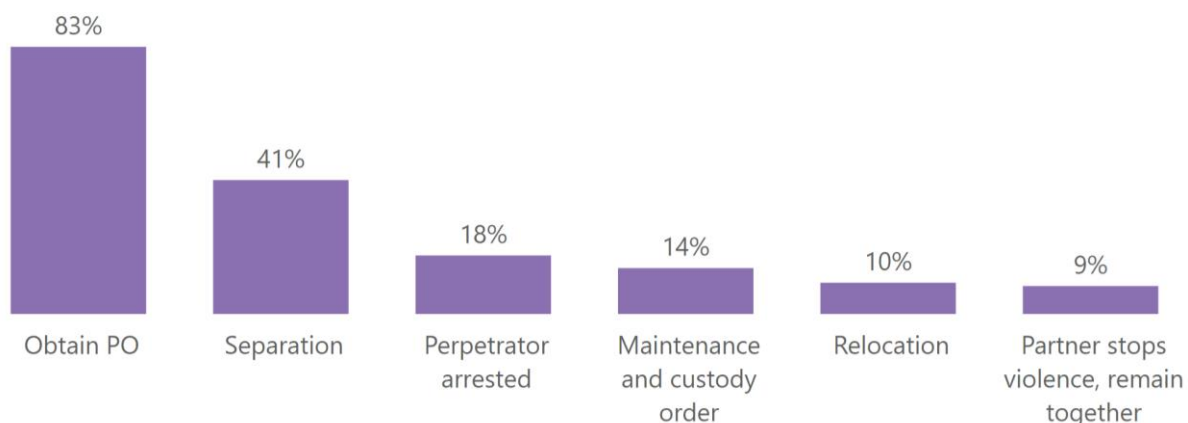
Figure 30

The short-term objectives for child survivors are quite different, and generally more diverse. Apart from receiving information and legal advice, the most commonly-recorded objectives for child survivors are reporting to welfare (46%) and reporting to the police (40%). A far greater share of child survivors need emergency accommodation (23% v 9% for adults).

Major short-term objectives for child survivors

53% Receive information
47% Receive legal advice
46% Report to welfare
40% Report to the police
23% Safe house
20% Perpetrator's arrest
19% Obtain an IPO
16% Immediate medical care
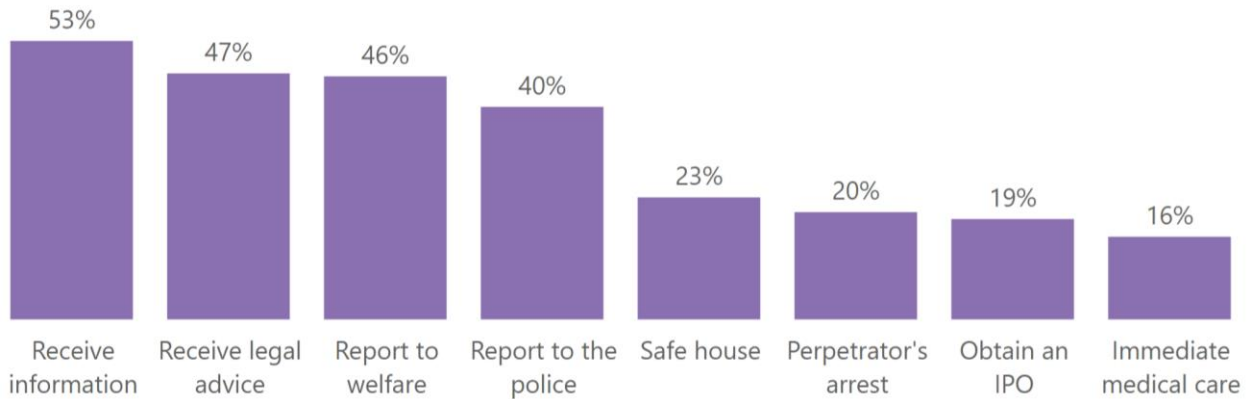
Figure 31

Longer term, the most important objective for child clients is the arrest of the perpetrator (52%). Just over a quarter require relocation (27% versus 10% for adults).

Major long-term objectives for child survivors

52% Perpetrator arrested
27% Relocation
23% Obtain PO
14% Counselling
12% Maintenance and custody order
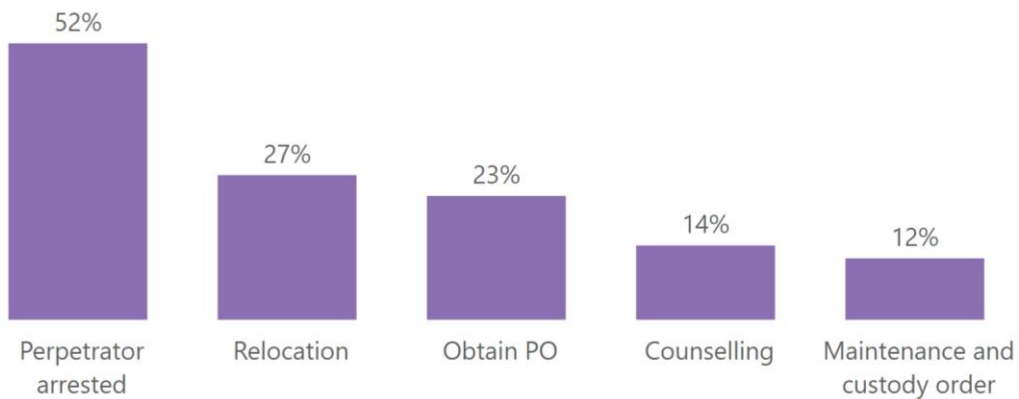
Figure 32

Referrals and case conferences

Femili PNG works in partnership with service providers and frequently refers survivors to them, as well as receiving survivors from them (see the section on intakes). For complex cases, where a collective response is required, Femili PNG participates in and sometimes convenes case conferences.

Referrals

Most referrals are to courts, police, health facilities, safe houses and welfare. Overall, referrals have increased over time, with court referrals declining and police referrals increasing.

Monthly average survivors referred

● 2018-19 ● 2019-20 ● 2020-21 ● 2021-22 ● 2022-23 ● 2023-24
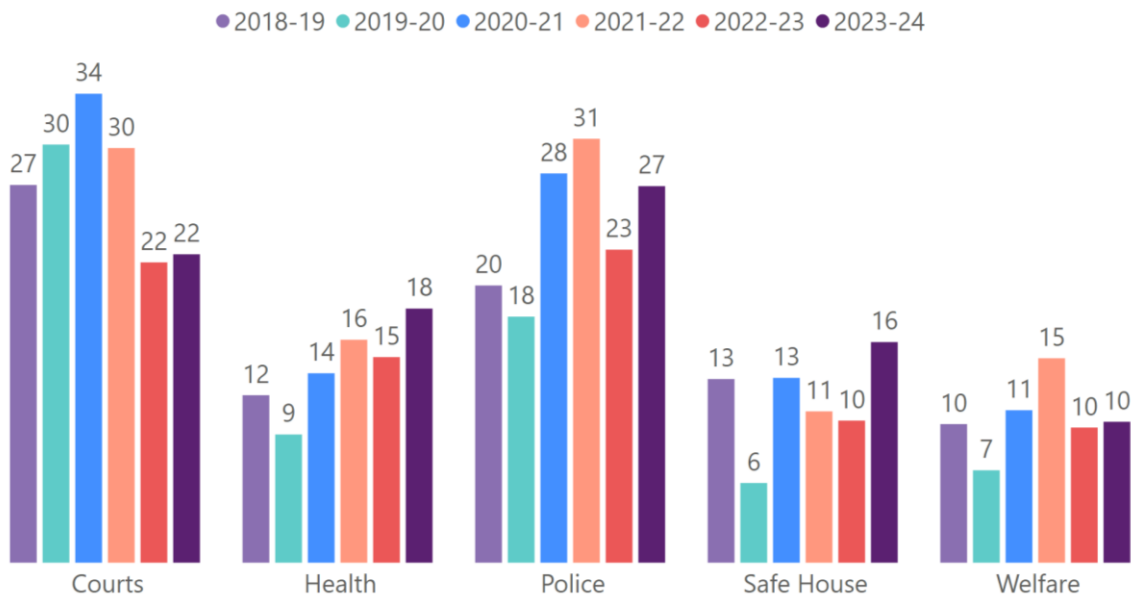
Figure 33

Case conferences

The number of case conferences to discuss complex cases appears to have fallen over time though the earlier data may not be reliable. If there is a decline, it may reflect greater experience on the part of many partners, and also more informal interactions. However, given the value of these conferences, this indicator should be monitored closely.

Average monthly case conferences

● Lae ● POM ● Goroka
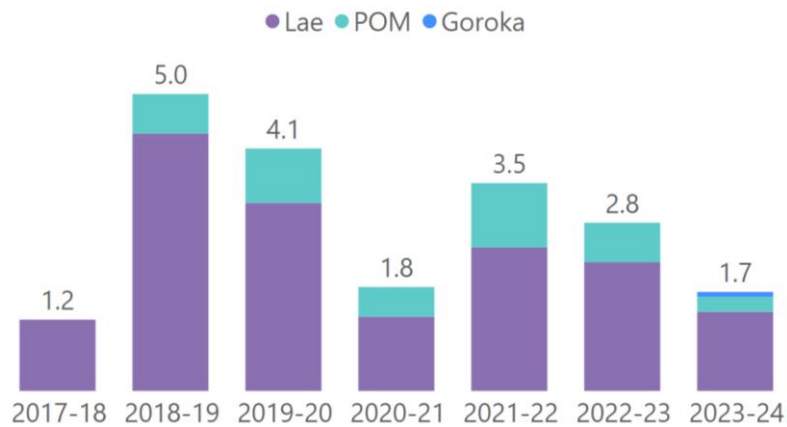
Figure 34 *Note: From February 2018 onwards.*

On average, between one and two cases are discussed per case conference.

Average cases discussed per case conference

	4.1			2.1		
1.7		1.6	1.5		1.9	1.6
2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
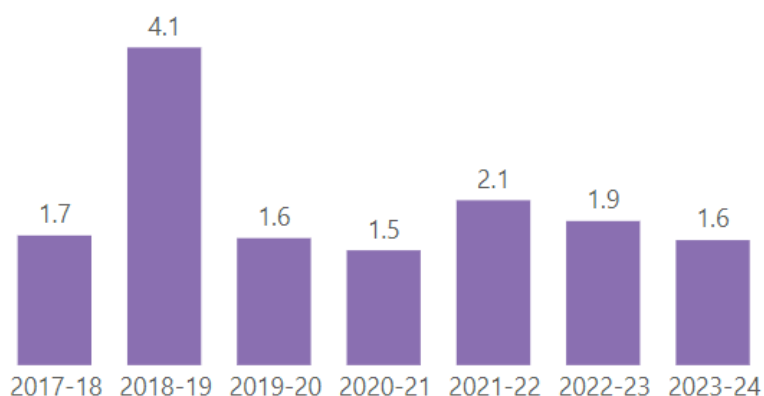
Figure 35

Basic services

The most common service provided to survivors – at either intake or follow-up – is simply the provision of information (94% of all clients). Basic needs (e.g. food, clothing) are provided to 77% of clients, specialised legal advice to 65%, counselling to 64%, and safe transport to 46% of clients.

Basic services provided to survivors

94%	77%	65%	64%	46%
Provision of information	Basic needs	Legal advice and assistance	Counseling	Transport
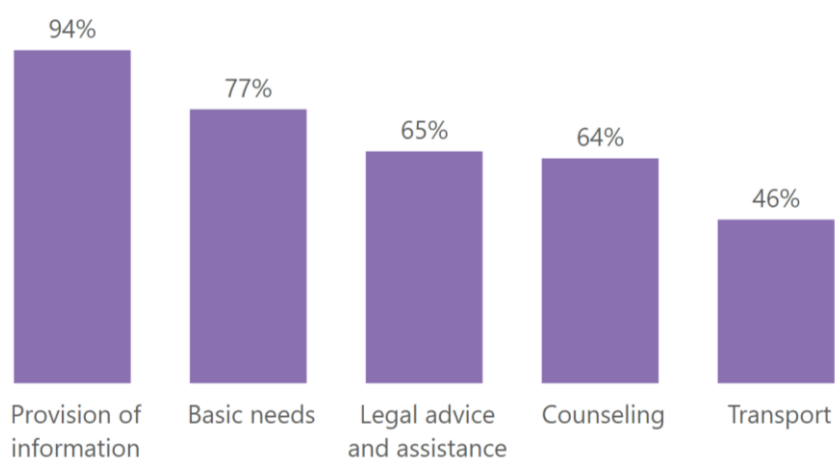
Figure 36 *Note: From 2018-19 onwards. Percentage of all cases.*

Emergency accommodation

Apart from the basic services discussed in the previous section, Femili PNG helps survivors access a number of critical specialised services. These include emergency accommodation, obtaining a restraining order, and relocating clients. These specialised services are discussed in the sections that follow, starting in this section with emergency accommodation.

Providing accommodation in a safe house is often the most effective way to bring immediate safety to a survivor. However, recording safe house stays is a complex

undertaking. Survivors may have more than one safe house stay (perhaps across different safe houses), for non-consecutive periods of time, with or without dependants, and for varying lengths of time. Femili PNG's ability to measure safe house usage has grown over time, and, unless otherwise stated, data is reported in this section from 2020-21 onwards.

Femili PNG only operates one safe house, the Bel isi PNG Safe House (BISH) in Port Moresby. Clients in other safe houses, operated by other NGOs or by a church, are supported with food and other necessities. Femili PNG also supports other safe houses with funding for renovation and equipment. And of course it provides case management services to clients while they are in a safe house.

About a quarter of all survivors receive safe house accommodation while Femili PNG clients.

Survivors receiving safe house accommodation

| 2020-21 | 2021-22 | 2022-23 | 2023-24 |
| 24% | 23% | 24% | 25% |
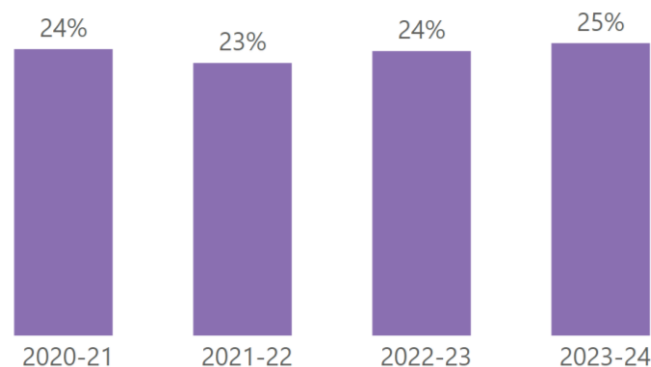
Figure 37 *Note: The denominator for this graph is new cases, the numerator is cases admitted to a safe house.*

This ratio is higher in POM (27%) where Femili PNG operates the BISH safe house. It is lower in Lae (21%) and Goroka (15%). A higher percentage of child (43%) than adult (22%) survivors use safe houses as children are often more at risk.

The average stay for clients has increased from 34 days in 2020-21 to 47 days in 2023-24.

Average stay length

| 2020-21 | 2021-22 | 2022-23 | 2023-24 |
| 34 | 45 | 53 | 47 |
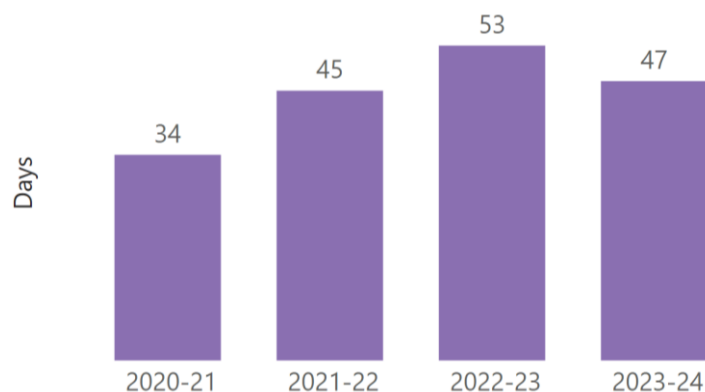
Figure 38

The average stay length is about twice or more the median (typical) stay, reflecting the fact that a small number of clients have very long stays. There are some large differences between the three CMCs. The median stay in Port Moresby is only 15 days, whereas in Lae it is 40 days and Goroka 23 days.

Median and average days in a safe house by CMC

Case Management Centre	Median	Average
Lae	42	73
Port Moresby	15	35
Goroka	28	63

Table 1 *Note: This table and the next figure use data from July 2020 to May 2024*

In general, the share of clients is decreasing with the length of stay. 20% of stays are for one week or less, 16% 1-2 weeks, 11% 2-3 weeks, and so on.
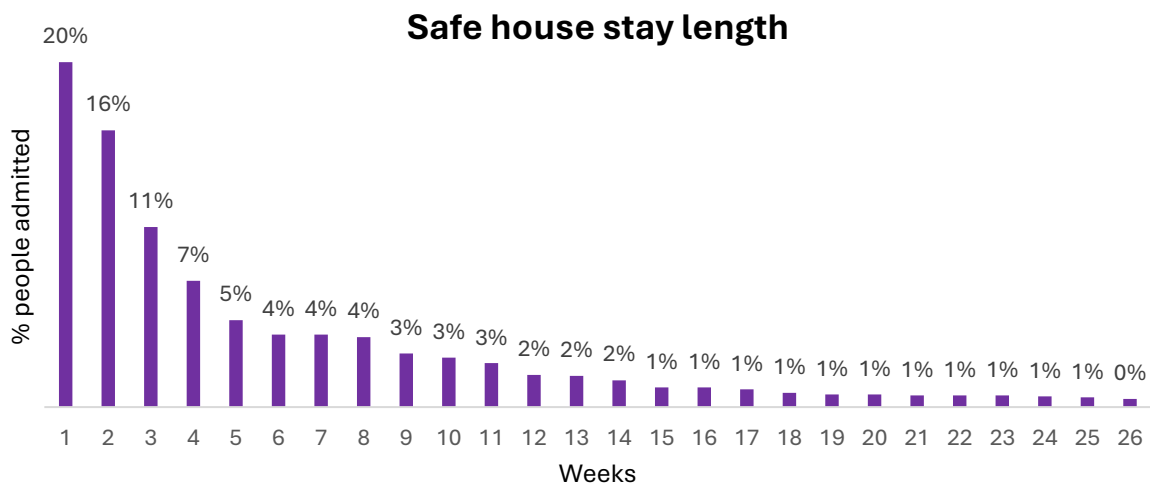
Figure 39

Child clients stay in safe houses for much longer, about twice as long as adult clients. The very small number of male clients in safe house accommodation stay for even longer. They are often SARV cases.
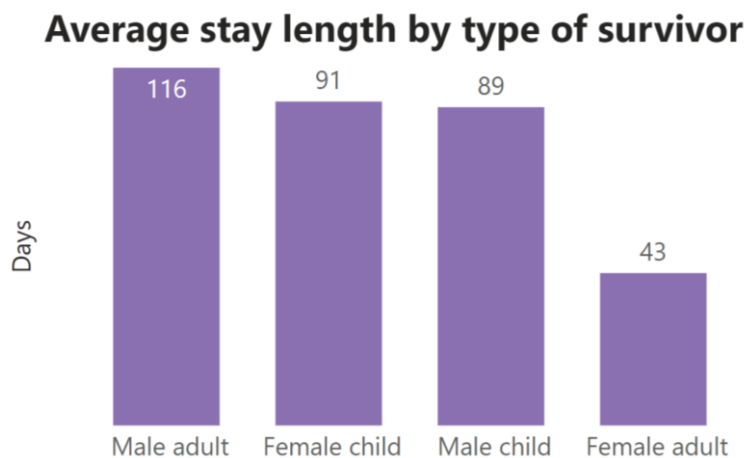
Figure 40

Regression analysis can be used to understand better why some clients stay in safe houses much longer than others (Annex B). It confirms that being a child client, or being a victim of sorcery-accusation-related violence tends to increase the length of safe house stay (by 62 and 65 days respectively). Port Moresby clients on average stay in a safe house for 29 days less than Lae clients, and Goroka clients 26 days less. Clients who say they are subject to denial of resources on average stay 25 days longer in a safe house.

The best measure for safe house usage is the number of clients and their dependants staying in a safe house on an average day. This has been growing over time rising from 50 in 2020-21 to 85 in 2023-24.

Average number of clients and dependants in safe house on any day

● Lae ● POM ● Goroka

Year	Lae	POM	Goroka	Total
2020-21	28	18		50
2021-22	33	21		56
2022-23	51	27		79
2023-24	48	32		85
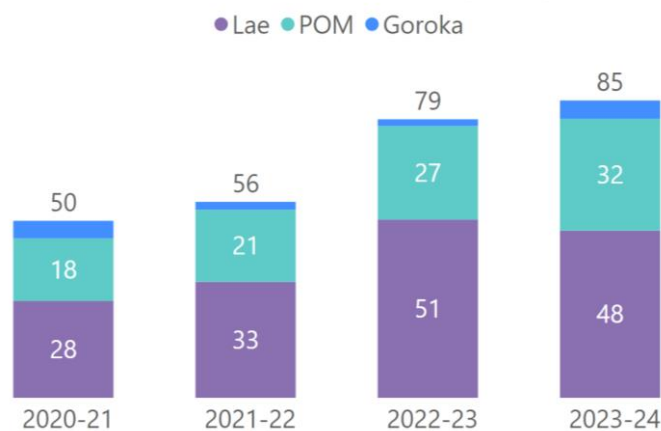
Figure 41

Dependants are an important part of Femili PNG's safe house clientele. From 2020-21 to 2023-24, on average Femili PNG supported 45 survivors per day in safe house accommodation and 22 dependants.

With a relatively large number of child clients using safe house accommodation and for longer periods, and, with significant numbers of dependants, Femili PNG actually supports more children than adults in safe houses. Between 2020-21 and 2023-24, of the 68 clients and dependants in a safe house on an average day, 27 were female adults, 24 female children, 15 male children and 2 male adults.

Bel isi Safe House

Bel isi Safe House (BISH) in Port Moresby is operated by Femili PNG. Accurate data on survivor stays has been collected on BISH since its opening. The average number of residents on any day in a year has been increasing, notwithstanding a sharp drop in the first year of COVID.

Average number of BISH residents on any day

● Client ● Dependant
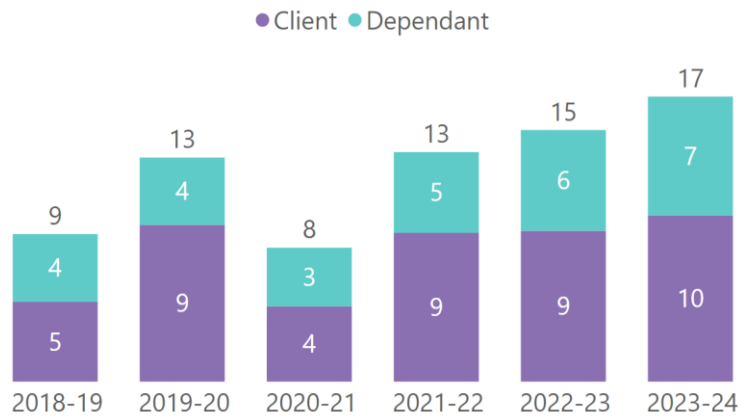
Figure 42

Average stay length at BISH peaks in 2021-22 at 51 days, just under 7 weeks. The average over the 6 years is 42 days, and the median is 22 days.

Average stay length: BISH
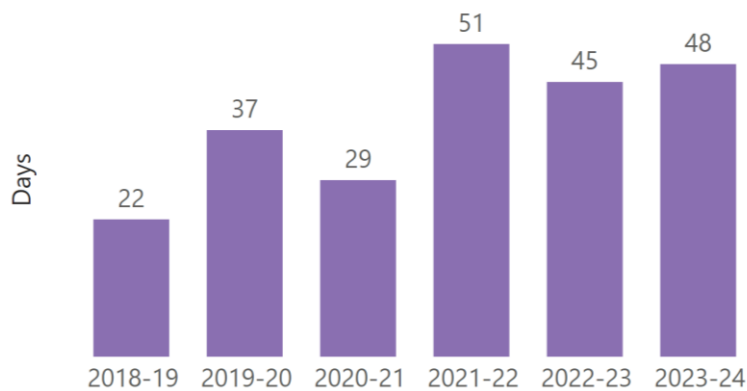
Figure 43

Since the Bel isi Safe House is operated by Femili PNG, its capacity utilisation can be monitored via the CMS. This has been increasing over time, reaching its highest level yet at almost 80% in 2023-24.

BISH capacity utilisation
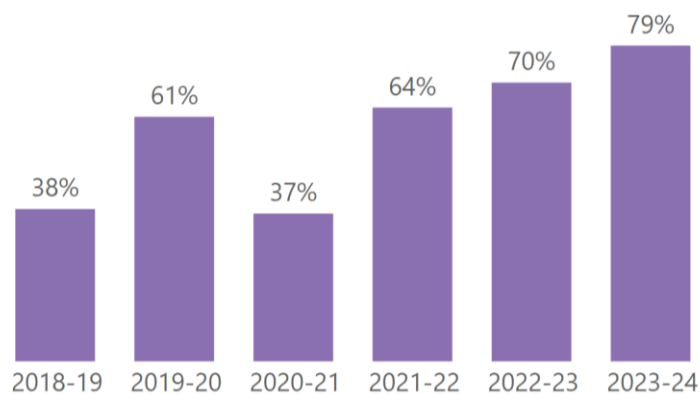
Figure 44

24

In POM, BISH provides safe accommodation for slightly more than half the Femili PNG clients who require a safe house. Other key safe house partners for Femili PNG in POM are House of Hope, Kaugere Meri, House of Care and Haus Ruth, among others. (Paid accommodation was used extensively during COVID-19 due to quarantine requirements.)

POM safe houses: survivors admitted

Name	Adult	Child	Total
Bel Isi Safe House	52.5%	50.0%	**52.2%**
Paid Accommodation	25.0%	25.9%	**25.1%**
House of Hope Safe House	17.6%	27.8%	**18.9%**
House of Care	15.1%	20.4%	**15.8%**
Kaugere Meri Safe House	15.4%	16.7%	**15.6%**
Haus Ruth Safe House	5.8%	1.9%	**5.3%**
Life Line Safe House	3.6%	14.8%	**5.0%**
Other Safe House	1.9%	1.9%	**1.9%**
Morata Shelter	0.5%		**0.5%**
Magna Carta Shelter	0.3%		**0.2%**
Total	**100.0%**	**100.0%**	**100.0%**

Table 2

Lae and Goroka safe houses

Femili PNG doesn't operate any safe houses in Lae, but has developed a number of successful partnerships which have resulted in a near doubling of the number of Femili PNG clients and their dependants in emergency accommodation on an average day from 28 in 2020-21 to 48 in 2023-24 (Figure 41). Femili PNG has a long-standing partnership with City Mission. City Mission operates two safe houses, New Life Children Centre and the Family Resource Centre (previously Haus Clare). Another important partnership is with the Salvation Army which provides accommodation for a third of Femili PNG's safe house clients. Finally, Femili PNG helped the Seventh Day Adventist church establish a new safe house in Lae, the Morobe Adventist Care Centre, which opened in 2022, and which has provided critical additional capacity.

Lae safe houses: survivors admitted

Name	Adult	Child	Total
Family Resource Centre (FRC) Safe House	44.7%	36.2%	**41.9%**
Salvation Army Safe House	41.1%	17.4%	**33.3%**
Morobe Adventist Care Centre (MACC)	26.2%	20.3%	**24.3%**
New Life Children Centre (NLCC)	0.7%	50.7%	**17.1%**
Other Safe House	2.8%		**1.9%**
Paid Accommodation	0.7%		**0.5%**
Total	**100.0%**	**100.0%**	**100.0%**

Table 3 *Note: 2022-23 and 2023-24.*

In Goroka, Femili PNG's main partnership for emergency accommodation is with the Honepe Meri Safe House.

Goroka safe houses: survivors admitted

Name	Adult	Child	**Total** ▾
Honepe Meri Safe House	72.0%	66.7%	**71.7%**
Kongi Safe House-Upper Asaro	20.0%		**18.9%**
Lufa Meri Safe House	8.0%		**7.5%**
Maunki Integrated Agriculture Resource	2.0%		**1.9%**
Ukunupi Meri Safe House	2.0%		**1.9%**
Wariata Meri Safe House	2.0%		**1.9%**
Watch Tower Prayer Center		33.3%	**1.9%**
Total	**100.0%**	**100.0%**	**100.0%**

Table 4

Restraining orders (IPOs and POs)

Interim protection orders (IPOs) and Protection Orders (POs) are legal orders granted by the courts to keep the perpetrator away from the survivor. They both commence when the order is served on the respondent. IPOs remain in force for up to 30 days and can be renewed once for another 30 days. POs remain in force for up to two years, for the period specified in the order. The law introducing IPOs and POs, the *Family Protection Act*, was passed in 2013, just before Femili PNG was established. IPOs and POs are sought by most adult clients (Figures 29 and 30), and the number of IPOs and POs granted to Femili PNG clients has dramatically increased over time.

Monthly average IPOs and POs granted

● IPOs ● POs

	2014-15	2015-16	2016-17	2017-18	2019-20	2020-21	2021-22	2022-23	2023-24
IPOs	4	3	8	7	23	23	20	14	19
POs	3	2	4	5	10	10	12	10	9
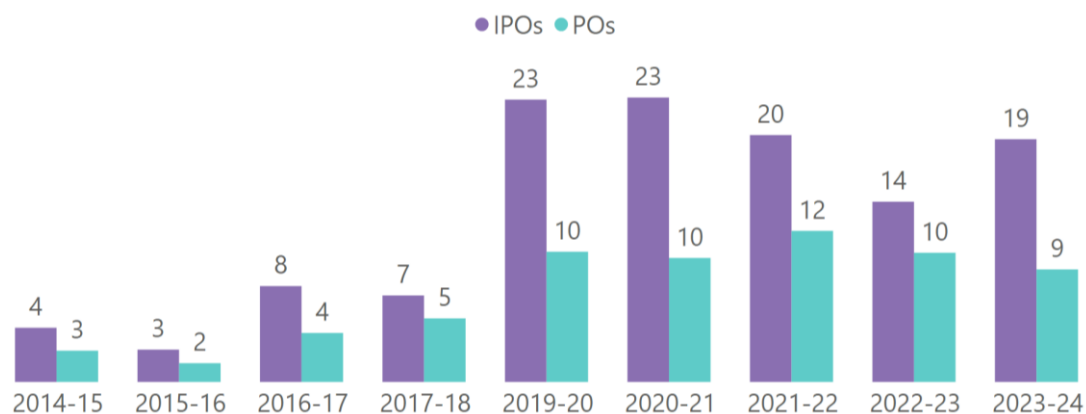
Figure 45 *Note: 2018-19 data are faulty and therefore omitted.*

In the first two years, four or fewer IPOs were granted on average a month, and two or three POs. Then in 2016-17 and 2017-18, 7 or 8 IPOs were granted per month to Femili PNG clients and 4 or 5 POs. Now around 20 IPOs are granted a month, though there was a dip in 2022-23. Correspondingly, the share of clients who get an IPO has increased over time. For the first four years, on average 15% of clients received an IPO; for the last five on average 24%.

Survivors who get an IPO
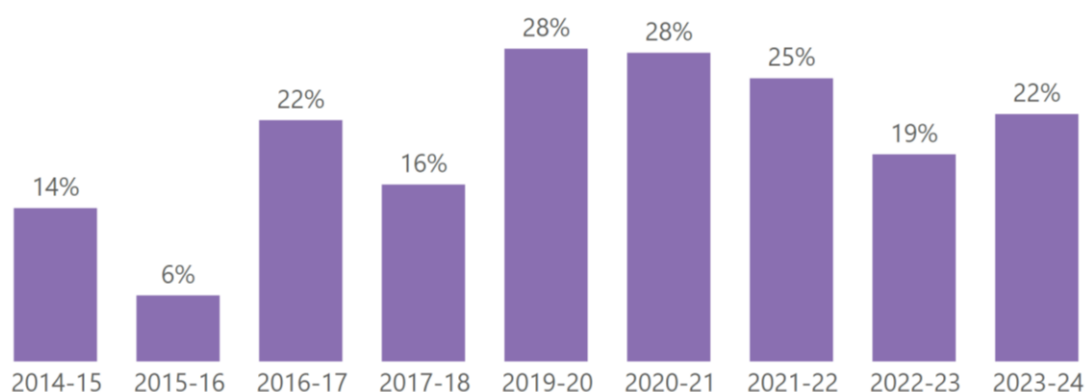
Figure 46 *Note: The denominator for this graph is new cases, and the numerator is IPOs granted.*

Despite this progress, many survivors who record getting an IPO as an objective do not receive one. Even in the best years, only about 30% of clients were granted an IPO, yet we know more than 80% of Femili PNG's adult clients come in wanting an IPO (Figure 29) – and about 76% of all clients. Much more work needs to be done.

Which survivors are most likely to get an IPO? An IPO is rarely sought for a child survivor. Within the class of adult survivors, regression analysis (Annex B) shows that high-risk clients are more likely to get an IPO than low-risk clients: they are likely more motivated, and prioritised by case workers and the courts. Clients in Port Moresby are less likely to get an IPO than Lae clients. Self-employed clients are more likely to get an IPO than wage earners, perhaps because they have more time to pursue the IPO. Tertiary educated clients are also more likely to get an IPO, perhaps because they are better placed to meet the demands of the process.

How long it takes to obtain an IPO is also important for clients. The median (typical) time from intake to lodging an IPO is 23 days.[4] After lodging the IPO application, the median time taken from IPO lodged to granted is only four days. Averages are both much longer, 46 days from intake to lodging, and 11 days from lodging to granting, due to a minority of applications that are delayed for one reason or another.

The median time from intake to grant is 34 days, or about five weeks. One-third take more than 7 weeks, and 10% more than 18 weeks. This is too long.

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[4] This is calculated only for those clients who are successful in obtaining an IPO.

Time taken from intake to IPO grant
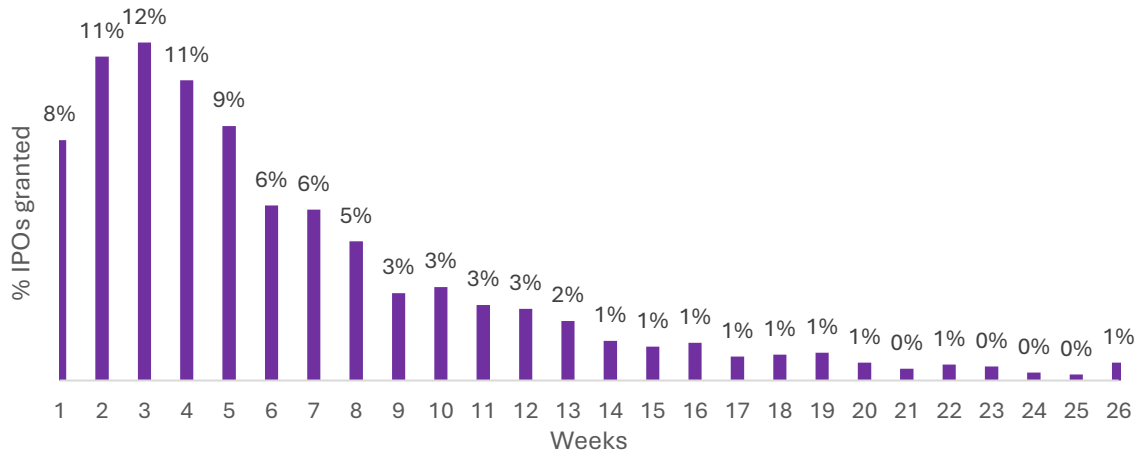
Figure 47 *Note: From July 2014 to May 2024 for this and the following two figures.*

The number of days from intake to lodgement has grown, with increases in the time taken to lodge an IPO evident in both Lae and Port Moresby. More attention needs to be given to bringing down the time taken to lodge an IPO application.

Typical number of days from intake to IPO lodgement
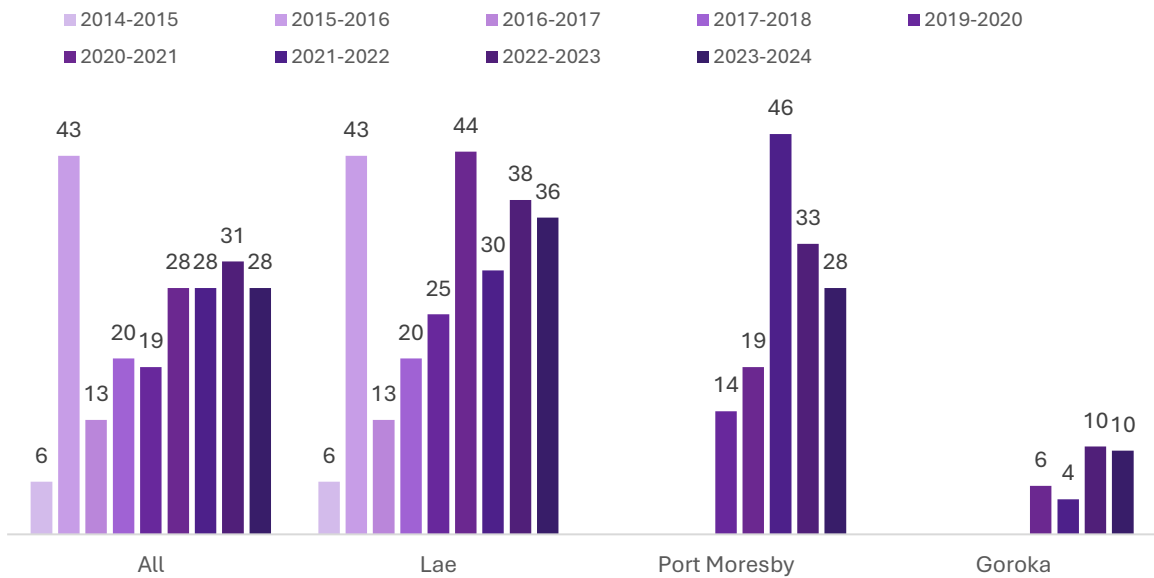
Figure 48

The typical number of days from lodgement to grant has, despite some volatility, if anything, fallen over time.

Typical number of days from lodgement to grant

Legend: 2014-2015, 2015-2016, 2016-2017, 2017-2018, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024

All: 5, 11, 9, 4, 5, 4, 4, 2, 6
Lae: 5, 11, 9, 4, 13, 7, 3, 2, 2
Port Moresby: 1, 2, 6, 5, 9
Goroka: 2, 5, 1, 3
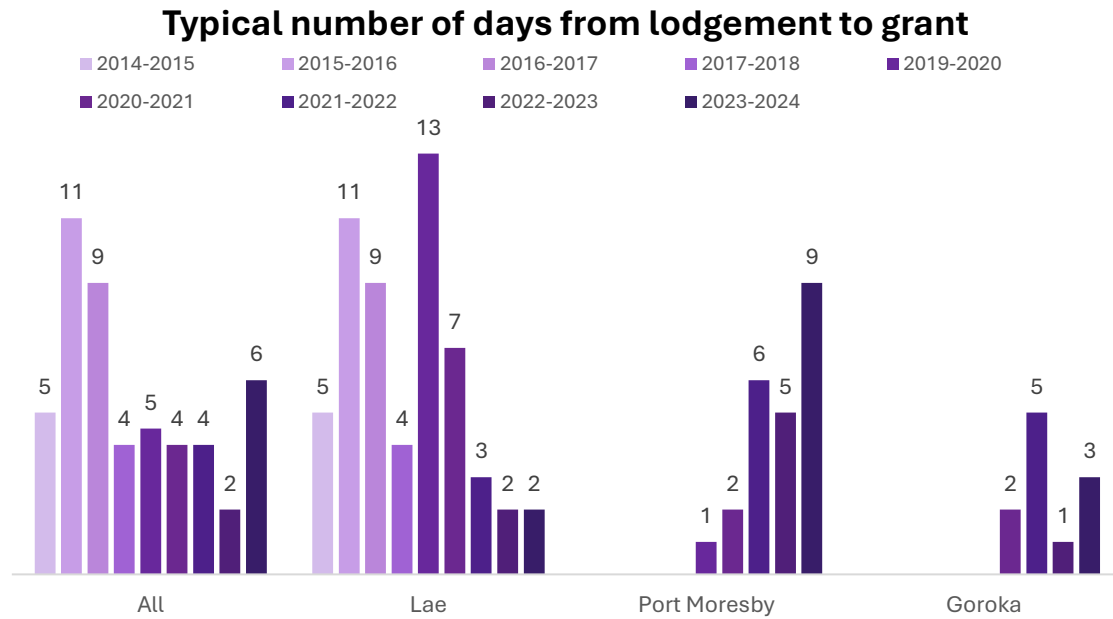
Figure 49

Many survivors, especially in cases of child abuse, want the perpetrator arrested, but arrests are in fact only possible in a handful of cases. They have recently averaged two to three a month. As per the CMS, there were higher arrest rates in 2016-17 and 2017-18 but this was not sustained.

Average arrests per month

Legend: Lae, POM, Goroka

2014-15: 1.4
2015-16: 1.3
2016-17: 3.6
2017-18: 3.4
2018-19: 3.3
2019-20: 2.8
2020-21: 2.5
2021-22: 2.5
2022-23: 1.9
2023-24: 2.6
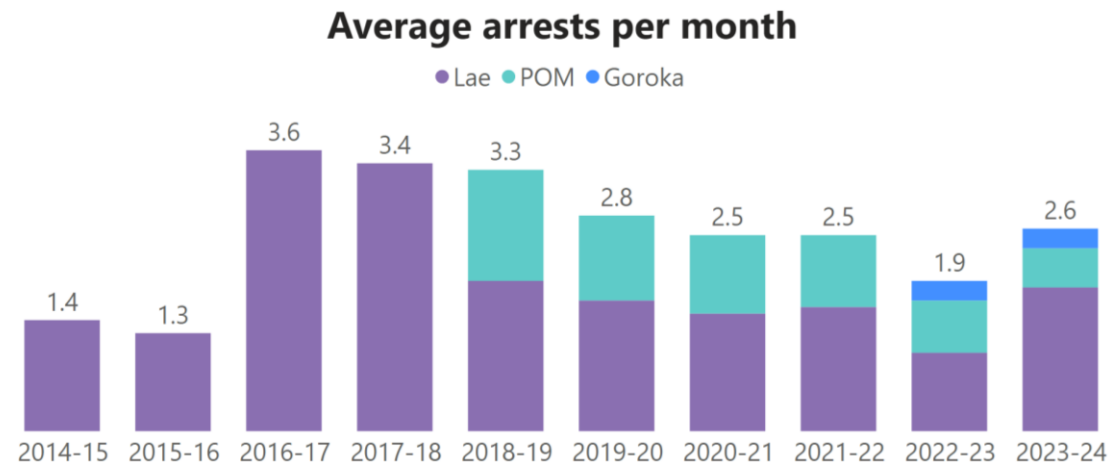
Figure 50

Only a small number of arrests result in convictions (again, as per the CMS), though there was a spike in 2016-17 and 2017-18.

Convictions
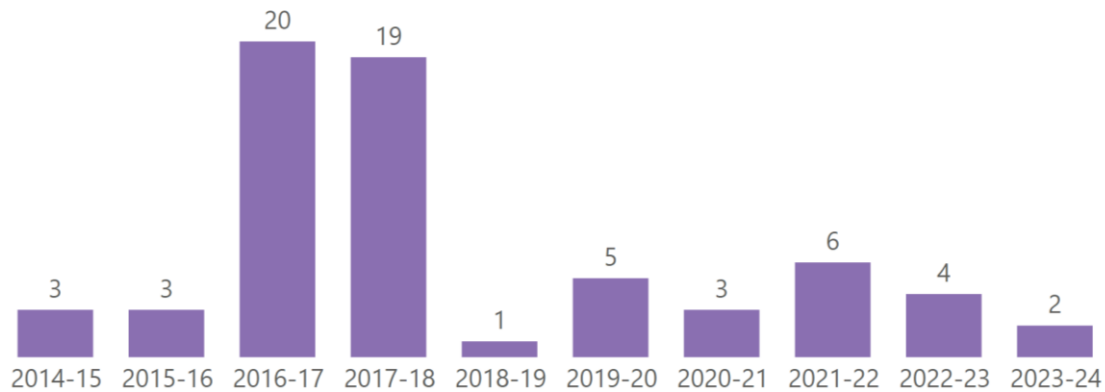
Figure 51

Relocations and business kits

Relocations

In 2015-16 and 2016-17, about 15% of all survivors Femili PNG assisted were relocated to their home village or another location. However, following an internal review that found that a number of those relocated had returned to the city they had been relocated from, the number of relocations was reduced. Since 2017-18, 6% or fewer of clients have been relocated. On average, from 2017-18, 5 people have been relocated a month: 3.2 clients and 1.8 dependants.

Survivors who are relocated
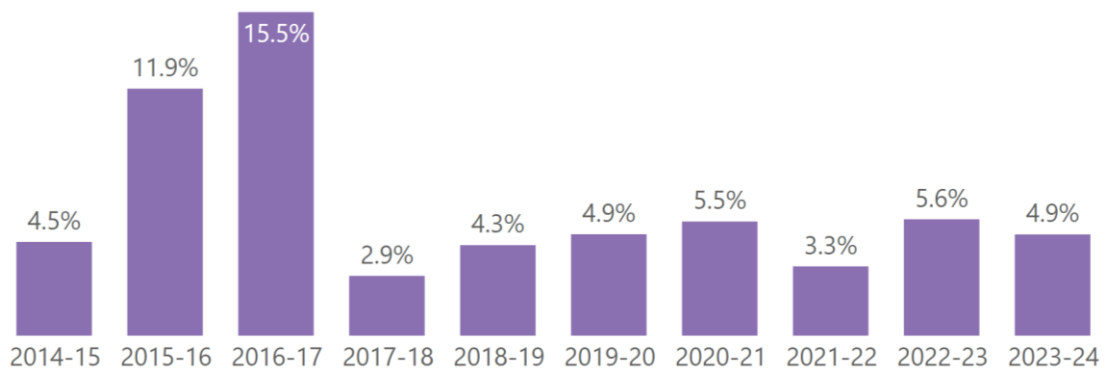
Figure 52 *Note: The denominator for this graph is the number of new cases, and the numerator is cases relocated.*

A much higher portion of children require relocation. Since 2016-17, 3.5% of adult clients have been relocated, and 16.1% of child clients. Lae has a higher percentage of clients relocated (6%) than Port Moresby (4%) or Goroka (2%). This reflects Lae's status as a city of recent migrants. The Lae CMC also has a higher share of child clients (Figure 13).

Start-up business kits

A small number of survivors are provided with start-up business kits: about 300 since 2018-19. About 30% of these have gone to survivors who are being repatriated. Start-up

business kits are most commonly provided in Lae, but they have been growing in POM and Goroka.

Business kits issued

● Lae ● POM ● Goroka
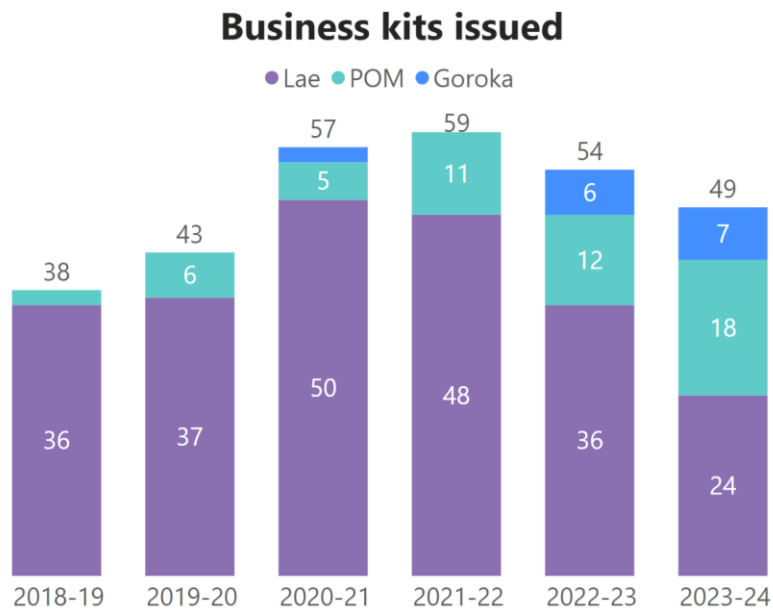
Figure 53

Outcomes

Are survivors better off as a result of Femili PNG interventions and assistance? The assistance provided seems useful, but this is a hard question to answer definitively. Femili PNG has tried different ways to measure outcomes.

Reason for closure

When closing a case, the case worker notes whether it is because the client's plan – agreed at intake – has been achieved, or because contact has been lost with the client, or because the client changed their mind. On average, only 23% of cases are closed because the original plans are achieved. In 19% of cases, the survivor changes their mind; and in 56% contact is lost with the survivor. The share whose plan is achieved is fairly constant, but the share who have lost contact has grown. This might reflect the fact that, with a heavier case load, case workers are less frequently in contact with clients resulting in clients who have changed their mind losing contact. These shares are similar across CMCs.

Reason for closure

● Client changed mind ● Lost contact ● Plan achieved ● Unknown

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Plan achieved	30%	16%	30%	28%	23%	17%	17%	26%	32%
Lost contact	36%	58%	44%	41%	52%	64%	62%	60%	56%
Client changed mind	33%	26%	25%	30%	22%	17%	19%	11%	10%
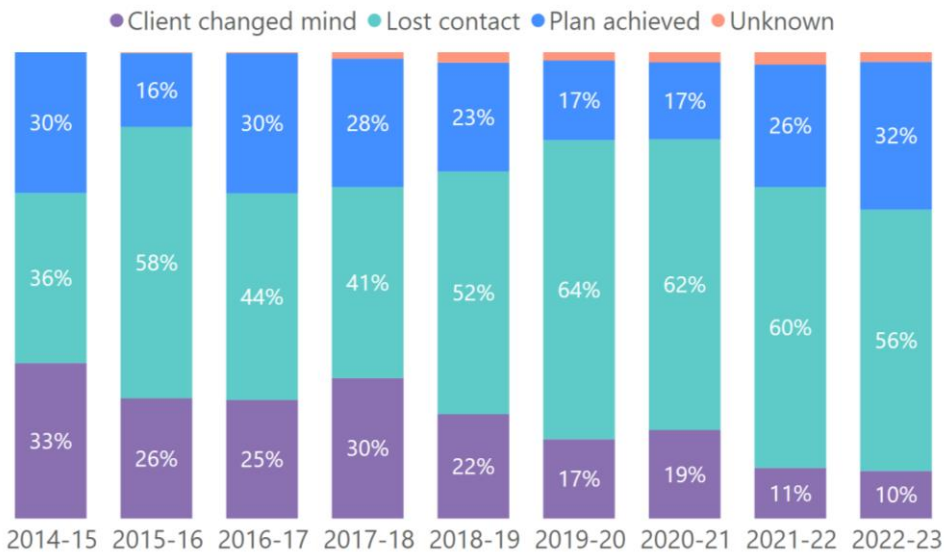
Figure 54 *Note: Years are of intake. Data for 2023-24 is not included as many intakes that year were still open at the time of writing.*

Whether or not a client has achieved their objectives is certainly important. Regression analysis shows that clients who have achieved their plan are significantly less likely to become repeat clients than those who are recorded as having changed their mind (Annex B). However, even if the client's original objectives have not been achieved, they might still have benefited considerably from Femili PNG's help. The original objectives might have been unrealistic or the client's needs may have changed.

Survivor feedback

Femili PNG also directly asks survivors for their feedback. The most recent analysis of client feedback covers the period 2021 to 2023 (Howes and Stambolie 2024). 52% of the survivors surveyed over this period reported that their situation had been fully resolved, and 44% reported some improvement. Even for survivors whose cases have been closed on the basis that they changed their mind or that they lost contact, very few report no improvement. Although the survivor feedback survey is biased towards clients that receive more services than the average, this is encouraging.

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Survivor feedback on improvement in their situation

■ Fully resolved ■ Some improvement ■ No improvement
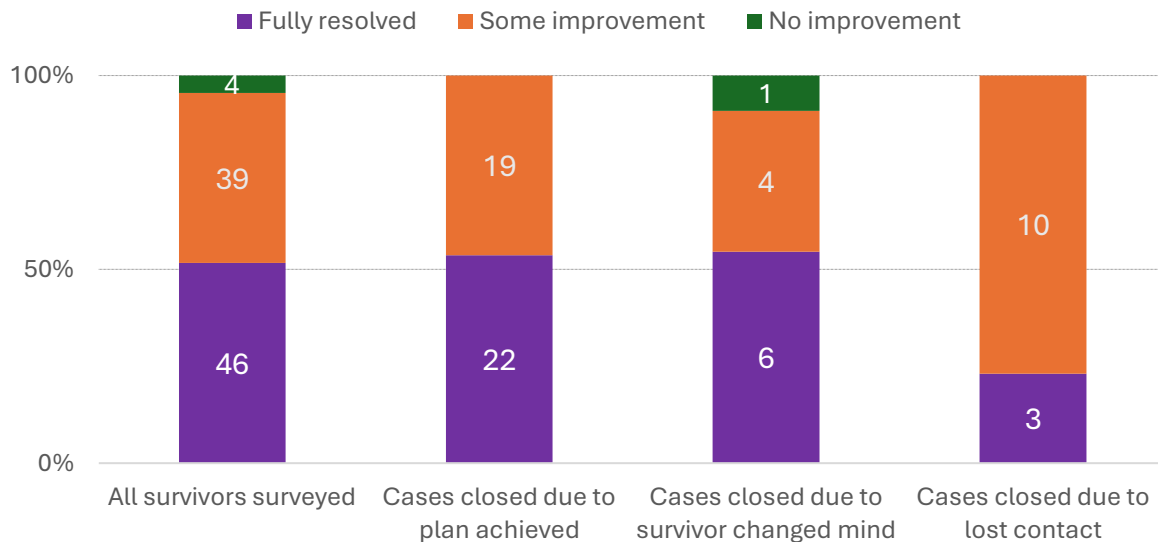
Figure 55 *Note: 111 clients were asked for feedback; 89 responded to this question.*

The feedback survey also asks clients to rate Femili PNG's performance. 86% of survivors gave Femili PNG a rating of 5 out of 5, and another 9% rated Femili PNG 4 out of 5. The average rating is 4.8.

The survey also asks survivors who received safe house accommodation, or were helped with an IPO, or with relocation, whether the service protected them (or if they thought it would protect them) from violence and abuse. All who were relocated answered this question positively, and all except one who received an IPO or had a safe house stay did the same.

Femili PNG also participated in a study undertaken across multiple sites in PNG of IPOs, which included interviews with 89 successful applicants for IPOs. This study found that "the majority of applicants who are issued an IPO feel safer as a result (81.3 per cent of IPO applicants interviewed)". Encouragingly, "the majority of IPO respondents (70.1 per cent) complied with the IPO". However, many of those interviewed were "cautious about expecting this feeling of safety to be sustained over the longer term." (Putt and Kanan 2021, p.xv)[5]

Conclusion

Femili PNG's unique Case Management System enables it to track its performance and its ability to help survivors over time, and across its three centres.

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[5] Consistent with the this, the regression analysis of repeat cases (Annex B) shows that those clients who receive an IPO are more likely to be repeat clients.

Many of the results shown are very positive. Femili PNG today sees many more survivors than a decade ago, and helps many more of them access safe house accommodation, and restraining orders, among other important services.

At the same time, the analysis also shows important remaining challenges. In particular, although Femili PNG is able to help many more survivors obtain restraining orders than when it began, the trend is not upwards. And most survivors who say they want an IPO still don't get one.

We do not end the report with a list of recommendations, but the findings make clear that there are a number of areas for further investigation and follow-up. The commencement of its second decade of operations is an ideal opportunity for Femili PNG and its partners to build on the achievements and lessons of the first decade, and strategise together on how to provide critical and timely services to a greater number of survivors of family and sexual violence.

Annex A: Data

Data forms

Since the start of Femili PNG's operations (July 2014), an intake form has been filled in with each survivor at the first meeting (intake). Survivors consent to becoming Femili PNG clients and to the confidential management of their private information. A consultation that is not an intake is a follow-up. Follow-up forms were introduced in November 2015. Referral forms were introduced in 2018 and are used when a survivor is referred to a service provider.

There was a major revision of the intake and follow-up forms in February 2018 and further changes in 2020 and 2021. In 2023, information that was previously captured on the follow-up form was split up into new dedicated forms for a number of common services and outcomes. This resulted in new forms for closures, IPOs/POs, safe house stays, relocations and case conferences.

As a result of these changes, comparisons over time can be challenging. Take disability for example. In 2014, the client was either not disabled, or classified as having a "physical", "mental" or "physical & mental" disability. In 2018, more detailed questions were introduced. In these surveys, clients are classified as either disabled or not, and then the type(s) of disability is specified (see Figure 16).

Because of this, some comparisons are only possible for more recent years. This is particularly the case for survivor objectives, and for some survivor characteristics.

Digital data entry

Case workers fill in paper intake, follow-up and referral forms. Information Officers enter this data digitally. Initially digital data entry was into a spreadsheet. There was an intake and then a follow-up spreadsheet. Referrals were included in either the intake or the follow-up spreadsheet. There was limited cleaning of the data, and reporting was difficult.

In July 2019, digital data entry was moved online to QuestionPro. The older Excel data and the newer QuestionPro data was combined in the statistical program Stata and exported to Excel for analysis. The older data sets were extensively cleaned. The newer QuestionPro data was kept clean through various error checks. However, while the new system was a big improvement, it struggled with more complex services, and it was much more useful for reporting than for client management.

Over 2022 and the first half of 2023, Femili PNG transitioned its data management to a custom online relational database, built on Microsoft's Power Platform. While information officers still transfer intake, follow-up and referral information from paper to digital forms, case workers can now enter some data directly into the Case Management System (CMS), specifically, data relating to safe houses, IPOs/POs, and relocations.

The CMS is now used by case workers to manage their clients and cases. Data is automatically anonymised and made available to Power BI for data analysis, reporting and visualisation.

The shift to a relational database has led to the better tracking of complex operations, in particular emergency accommodation, which, outside of Bel isi PPNG, is only reliable after 2020. While data quality has improved over time, data error remains an issue, requiring constant attention. Improvements to the CMS and a culture that stresses the importance of data and encourages its analysis are key to maintaining and improving data quality.

Data security

With the shift to online data, data security risks need to be managed. A comprehensive set of data security practices have been implemented to protect the confidentiality of sensitive data against risks of unauthorised access and cyber attacks. These include:

- **Access control.** Access to case management data is restricted to staff members who need to access case management data, and only data relevant to business needs is made available. For example, each case worker can only see the data for their clients. Non-casework staff cannot access the CMS. Access to personally identifiable information is restricted to a very select few individuals.
- **Data export limitations.** Thanks to Power BI's inbuilt capabilities, managers are able to review performance without needing to export data for their own analysis. This reduces the risk that data will be compromised or fall into the wrong hands. In addition, staff are unable to export data from the CMS to Excel preventing data being compromised if a laptop or device is stolen.
- **Anonymisation.** Client records used for analysis are subject to the same access controls as data within the CMS but in addition are anonymised as part of the data import process. This ensures that clients cannot be identified by the data used for analysis.
- **Cloud storage measures.** Data is stored in a Microsoft data centre and is encrypted in transit and at rest.

Annex B: Regression analysis

This annex uses regression analysis to try to answer three questions: (i) which clients stay longer at safe houses; (ii) which clients are more likely to get an IPO; and (iii) which clients are more likely to return to Femili PNG as clients a second or even third time? Data up to May 2024 was used. This annex includes tables of regression results (with standard errors in brackets) as well as a brief discussion of the results.

Which clients stay longer at safe houses?

As discussed in the main report, there is enormous variation in the length of client stays in emergency accommodation (see Figure 39 and related discussion). This can be analysed using linear OLS regression, where the number of observations is the number of clients with days spent in safe house accommodation recorded, and a range of explanatory variables are used to explain the variations in length. Data from July 2020 to May 2024 is used. The dependent variable is the total number of days a client spends in safe house accommodation.

Two different models are deployed. The first one only uses client characteristics, and the CMC the client attends; the second adds reported causes of abuse. Each model respectively explains 14 and 15% of the variation in safe house stay length.

Being a SARV survivor increases stay length by 65 days, holding other factors constant. Sorcery-accusation-related cases are notoriously complex and sometimes clients require protection for a long period of time.

Being a child on average increases safe house stay by around 62 days, holding other factors constant. This is also a large effect, and shows that children often have complex cases that take longer to resolve.

Lae stays are the longest. They are on average 29 days longer than in Port Moresby and 26 days longer than in Goroka, holding other factors constant.

Turning to causes, experiencing denial of resources increases stays on average by about 25 days, holding other factors constant. These individuals likely require safe house protection and provision due to their lack of access to resources.

Table 5: Ordinary least squares regression for safe house stay length

	Model 1	Model 2
Intercept	68.09***	65.93***
	(6.42)	(7.71)
Dependants	3.17	2.75
	(2.32)	(2.35)
Child	65.67***	61.87***
	(8.30)	(8.97)
Business employee	-27.83 ·	-23.66
	(14.92)	(15.03)
SARV	62.30***	65.20***
	(14.46)	(14.87)
Goroka	-29.41 ·	-26.05 ·
	(15.36)	(16.02)
Port Moresby	-29.68 ***	-29.10***
	(6.86)	(7.11)
High risk	-5.29	-7.23
	6.54	(6.63)
Denial of resources		25.23 *
		(10.82)
Financial		-4.77
		(11.42)
Polygamy		2.29
		(15.09)
Adultery		3.52
		(9.20)
Cultural		-11.73
		(20.99)
Forced marriage		25.23
		(17.90)
Substance abuse		-2.15
		(7.50)
Trafficking		25.01
		(27.88)
Forced sex		12.01
		(8.18)
Intermarriage		-0.78
		(46.45)
Punishment		-12.42
		(8.71)
N	821	821
R2	0.14	0.15
*** p < 0.001; ** p <0.01; * p < 0.05; · p < 0.1		

Which clients are more likely to get an IPO?

The main report shows that, while Femili PNG has been successful in helping more clients obtain IPOs or POs, only a minority of clients who say they want an IPO are actually able to obtain one. Which clients are more likely to obtain an IPO? This analysis is carried out for adults (since far fewer child clients either want or obtain an IPO). A binominal logistic regression analysis is carried out in which the dependent variable is whether the client gets an IPO. Explanatory variables include the client's risk rating, their CMC, and their employment status and education level. A dummy for clients from 2019-20 onwards is included since IPO granting has become more prevalent in recent years. Data from February 2018 onwards is used, except for 2018-19 (financial year) which, as in the main report, is excluded due to data errors in that year.

Three different models use fewer or more of these variables. One consistent result is that clients with a higher risk rating are more likely to obtain an IPO. This makes sense. Getting an IPO is not easy, case workers and the courts prioritise high-risk cases, and clients at high risk are more motivated to put in the effort required to get an IPO.

In line with the analysis in the report (Figure 45), clients from 2019-20 onwards are much more likely to obtain an IPO than earlier clients. Another finding is that Port Moresby survivors are less likely than Lae survivors to get an IPO. Self-employed individuals are more likely to get an IPO than wage earning individuals, perhaps because they have more time to pursue the IPO. Survivors who are studying are less likely to get an IPO than wage earning individuals.

The model results show that higher education levels generally increase the likelihood of obtaining an IPO, but this pattern lacks statistical significance. However, tertiary educated individuals are significantly more likely than those with no formal education to obtain an IPO. Such individuals are likely better able to navigate the court system.

Table 6: Binomial logistic regression for IPO grants

	Model 1	Model 2	Model 3
Intercept	-2.40***	-2.62 ***	-2.68***
	(0.25)	(0.28)	(0.29)
High risk cases	0.30 ***	0.29 ***	0.31 ***
	(0.08)	(0.08)	(0.08)
Goroka	0.16	0.13	0.18
	(0.13)	(0.13)	(0.13)
Port Moresby	-0.17*	-0.19 **	-0.19*
	(0.07)	(0.07)	(0.07)
2019-2020 onwards	1.50 ***	1.55 ***	1.56 ***
	(0.25)	(0.25)	(0.25)
Self-employed	0.17		0.27 *
	(0.12)		(0.13)
Still in school	-0.63 ·		-0.63 ·
	(0.33)		(0.33)
Unemployed	-0.07		0.02
	(0.07)		(0.09)
Primary/elementary education		0.03	0.01
		(0.14)	(0.14)
Secondary education		0.19	0.20
		(0.14)	(0.14)
Tertiary education		0.23 ·	0.26 ·
		(0.14)	(0.15)
Vocational /technical education		0.22	0.24
		(0.17)	(0.17)
N	4440	4479	4430
AIC	5178.52	5216.15	5161.53
BIC	5229.70	5273.81	5238.28
Pseudo R2	0.02	0.02	0.03
*** p < 0.001; ** p <0.01; * p <0.05; · p < 0.1			

Which clients are more likely to return to Femili PNG?

About 10% of clients are currently repeat clients, having had more than one case with Femili PNG. What sort of clients are likely to become repeat clients? A binominal logistic regression analysis is carried out in which the dependent variable is whether the client has a later case recorded. Explanatory variables include the services the client received during their earlier case, the reason for closure of the earlier case, which CMC they attend as well as a control for recent clients (from 2020-21) who have had less time to return. Data is used from all years up to May 2024. The granting of an IPO in the earlier case increases the likelihood to return, as does an earlier safe house stay, though this effect is not as large or as significant. This may be because clients that need these services are at most risk; the previous regression showed that high risk clients are more likely to get an IPO [6]. It might also be because clients who received services are more likely to return. Clients whose cases are closed because their plan was achieved are less likely to return than those whose case is closed because they changed their mind. Goroka clients are less likely to return than Lae clients (this may be because the Goroka centre is new). Recent clients are less likely to return as expected.

Table 7: Binomial logistic regression for return cases

Intercept	-2.14 ***
	(0.11)
Relocation	0.19
	(0.18)
Housed (in a safe house)	0.26 ·
	(0.15)
IPO granted	0.75 ***
	(0.11)
Closure Reason: Lost contact	-0.10
	(0.12)
Closure Reason: Other	-0.14
	(0.39)
Closure Reason: Plan achieved	-0.34 *
	(0.15)
Goroka	-1.82 **
	(0.59)
Port Moresby	0.03
	(0.12)
Recent client	-0.66 ***
	(0.10)
N	6434
AIC	3501.41
BIC	3569.10
Pseudo R2	0.04
*** p < 0.001; ** p < 0.01; * p < 0.05; · p < 0.1	

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[6] Risk was only recorded from 2018, and was not included in this regression to keep the sample size large.

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