Responding to family and sexual violence in PNG: the case for a Case Management Centre



by Stephen Howes, Kamalini Lokuge, Daisy Plana and Ume Wainetti

11 July 2013

"We have family support centers and we are getting support to roll them out throughout the country and also for the safe houses. But what is really lacking is our skills to manage cases, so that good and proper assistance is given to survivors."

Ume Wainetti, National Coordinator, PNG Family and Sexual Violence Action
Committee

Extract from her ANU talk "Combatting family and sexual violence in PNG: what has been achieved and what is needed", 22 May 2013

PNG has epidemic levels of family and sexual violence (FSV) directed against women and children. Few survivors currently receive the counselling, support and intervention they need to obtain protection, let alone justice. In a recent blog post, two of us presented data on this stark reality from Lae. We estimated that the probability of a sexual violence case involving a female or child victim in Lae being successfully prosecuted are 1:338 and 4:192 respectively, indicating that sexual violence can be committed in Lae with impunity.

Survivors of FSV need a range of services, from emergency medical and psychosocial care to emergency shelter, police protection, legal recourse, and vocational training. With growing awareness and resourcing, there are more services now available (at least in some locations) for survivors. However, accessing these is complex, most services are not functioning properly and are under-resourced, and there is little by way of case management. As a result, despite the heroic efforts of individual service providers in different sectors, the outcomes for survivors are all too often tragic.

Worldwide, it is recognised that effective management of FSV requires a criminal

justice response, as well as a range of support services. At the service delivery level, linkages between the police, courts, hospitals, women's refuges, health and domestic and family violence support services are required to ensure the appropriate delivery of a full spectrum of services. Coordination across multiple sectors and organisations therefore plays an essential role in effective service provision, but this type of case management is missing throughout PNG.

Lae is a very promising location in which to begin an effort to address these gaps. The Angau General Hospital Family Support Centre (FSC), with support from the international NGO, MSF, has been providing treatment to about 3,000 survivors a year. However, the explicit focus of these activities is medical and psychosocial care, and success in this area has only served to further highlight the weaknesses in other sectors. Those 3,000 women and children being seen by the FSC every year provide a base with which a case-management centre can begin to work.

MSF handed over management of the FSC in Lae to Angau Hospital in June 2013. One of us, Daisy Plana, has been managing the FSC on behalf of MSF over the last year. Daisy is a social worker, with international experience of case-management work with gender-based violence survivors. She is going to lead the new PNG Family and Sexual Violence Case Management Centre (CMC) that we are establishing. She will manage a team, based in Lae, of experienced Papua New Guinean case-workers who will work with survivors and service providers to link and support all sectors essential to FSV response.

The CMC will not take the place of any service provider in Lae. Rather it will work with all those – the Family Support Centre, the two Lae safe houses, the police, the prosecutors' office, the orphanage, government social workers, and other NGOs – who have a role to play in protecting survivors. By acting together and in concert, we can achieve more. We have established a Lae Advisory Council, made up of key stakeholders involved directly in service delivery at senior level across the range of essential FSV sectors. We will work closely with and be guided by those with expertise in FSV services and in delivering those services within the context of the Lae community.

While the CMC will begin in Lae, we hope it will have a national impact. By working with those in other parts of the country who are engaged in similar endeavours, and by offering training in case management, we hope we can disseminate good practice and lessons learnt, much as the MSF FSC in Lae has done over the past few years. And if the CMC works in Lae, it or similar centres could work elsewhere.

We also hope that the CMC will let us learn a lot more about what works in responding to family and sexual violence, starting with the key question: what do

survivors of FSV really want and expect from the systems that should be supporting them? And following on from this, understanding how effective restraining orders are, how realistic repatriation plans are, and much more. These are questions we don't really have answers to at the moment. With the large number of women coming to the FSC and becoming clients of the CMC, by using good data-tracking, we can start to get answers to these critical questions.

We are currently in the preparatory stage of this new initiative, including registering the CMC in PNG, and raising the required funds. Our plan is to commence operations in the second half of the year. While many practical details remain to be worked out, and while there will no doubt be much learning-by-doing, our vision is clear. We want to contribute to building a system that responds to the needs of FSV survivors in PNG, with definitive redress through effective case management services. The survivors deserve nothing less. Those women and men, committed health, police, legal, community and social workers struggling as individuals, often at great personal cost to ensure accountability through disjointed and often hostile systems, deserve nothing less.

We welcome enquiries and expressions of support. You can contact us at pngcmc@gmail.com.

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For more, see the video, podcast and blog from Ume Wainetti's May ANU talk. Kamalini Lokuge spoke about the CMC at the PNG Update at the end of June. Her podcast and presentation are also available.

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