HIDDEN AND NEGLECTED:

THE MEDICAL AND EMOTIONAL NEEDS OF SURVIVORS OF FAMILY AND SEXUAL VIOLENCE IN PAPUA NEW GUINEA

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

WHAT IS MSF?

MSF stands for Médecins Sans Frontières. This is a French name that translates into English as Doctors Without Borders. MSF was founded in 1971. Today it is the largest medical humanitarian organisation in the world, with projects in over 65 countries. In 1999 MSF was awarded the Nobel Peace Prize in recognition of its work.

MSF's goal is to provide medical assistance to people affected by armed conflict, epidemics, neglect, healthcare exclusion and natural or man-made disasters. MSF is a medical organisation; for us a patient is a patient no matter how they are regarded by other people. Our work is guided by medical ethics and the principles of neutrality and impartiality. We do not take sides during conflict. MSF offers assistance based on our own independent assessment of the needs, irrespective of race, religion, gender, political, ethnic or tribal affiliation.

MSF is financially independent, the majority of our funds come from charitable donations by the general public around the world. The care that we provide is not tied to any government, political, religious or business groups.

MSF combines the provision of medical care with a commitment to speaking out about the suffering witnessed and the obstacles encountered in providing assistance.

MSF's work is carried out by thousands of national and international health professionals, logistical and administrative staff. In 2009, 22,400 MSF field staff around the world provided 7.5 million consultations and 49,600 surgical interventions. MSF teams treated 154,000 children for severe malnutrition and 1.1 million people for malaria, amongst other things.

For more information about MSF please visit www.msf.org

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This report highlights the urgent, unmet medical and emotional needs of survivors of family and sexual violence in Papua New Guinea and recommends concrete action in order to meet these needs.

Family and sexual violence have long been recognised as an extremely serious problem in Papua New Guinea. Almost twenty years ago a government commissioned study revealed the shocking levels of violence throughout the country. Further studies since then have reached the same conclusion: family and sexual violence in Papua New Guinea is widespread, pervasive, and has a devastating impact on the lives of individuals, families, and communities.

In the last twenty years a great deal of time and resources have been invested in attempts to tackle this issue, yet almost no progress has been made when it comes to providing essential medical and psychosocial care to survivors. Multi-sectoral strategies that have been devised to address the situation have focused on preventing or stopping violence. Whilst this work is commendable, it will take long-term behavioural change across several generations to see a real impact on the ground.

In the meantime, lives are being lost and thousands of women and children are suffering unnecessarily without adequate medical and psychosocial services. Without proper healthcare, survivors of family and sexual violence risk serious long-term physical and emotional harm. Rape survivors are at risk of HIV infection, sexually transmitted diseases, hepatitis B, tetanus and unwanted pregnancies if they do not receive timely, specialised care. Some survivors are at risk of depression, suicidal thoughts and attempts, anxiety, phobias and post-traumatic stress disorder.

These acute needs remain hidden and are neglected by Papua New Guinea's health facilities. Médecins Sans Frontières (MSF) / Doctors Without Borders works in Papua New Guinea to address this neglect, providing specialised care for thousands of survivors of sexual, physical and emotional abuse in Lae, Morobe Province and Tari, Southern Highlands/Hela Province. This report presents the experiences of MSF's patients based on the first hand testimonies of staff and survivors, as well as previously unseen medical data.

MSF's experience shows that providing quality, specialised care is possible. This report demonstrates that services are needed, used and valued when available. More than anything, it highlights the glaring gaps in services in other parts of the country.

Limited progress has been made in filling these gaps over the past two decades. In a number of policy documents, including the 2011-2020 National Health Strategy, the Papua New Guinean government has committed to providing specialised care for survivors, in the form of Family Support Centres, in hospitals throughout the country. However a lack of clear leadership, guidance and medical expertise has meant that the role and function of these Family Support Centres has been interpreted differently by different actors.

This has resulted in a variety of services being provided, some of which do not meet minimum standards of care. A number of buildings that call themselves Family Support Centres are staffed by people who are not medically qualified or properly trained. Other centres do not offer any medical or psychosocial care whatsoever.

This has to change. Life-saving medical and psychosocial services can and should be made available now. In order to ensure that proper care is provided in health facilities throughout the country without further delay, MSF recommends that:

The National Department of Health:

1) Assumes its responsibility for policy making, establishing the medical standards that health facilities in the country need to meet to address the needs of survivors of family and sexual violence

2) Finalises and implements operational guidelines that provide the framework for service provision in health facilities. These guidelines must contain:

- a clear definition of services that need to be provided in Family Support Centres (FSCs) to be rolled out according to the 2011-2020 National Health Plan. The list of services should be realistic, and prioritise essential medical and psychosocial care.

- an outline of the minimum number of staff that are required to provide these services, their profiles, qualifications and training

3) Ensures that the Clinical Guidelines for the Medical Care and Support of Survivors of Sexual and Gender Based Violence in Papua New Guinea are finalised and implemented in all health facilities throughout the country

4) Ensures officially approved, competency based trainings are available for staff involved in caring for survivors of family and sexual violence

5) Reviews all existing Family Support Centres to guarantee that they adhere to the operational guidelines and are providing minimum standards of care

6) Ensures that all future Family Support Centres adhere to the operational guidelines and provide quality services

7) Ensures that its directive to waive fees for the medical treatment of survivors of family violence, sexual violence and child abuse is properly implemented in health facilities throughout the country

8) Records the numbers of consultations for violent trauma as distinct from accidents and injuries in health facilities across the country

Provincial Hospitals:

1) Allocate the necessary budgets to provide Family Support Centre services

2) Identify and if necessary recruit the staff needed to provide these services

3) Ensure that these staff are adequately qualified and appropriately trained

Donors:

1) Recognise that Family Support Centres are a set of services and not a building and therefore

2) Focus funding on service provision and staffing in addition to infrastructure

3) Provide funds on the condition that:

- National and provincial health authorities are involved in the establishment of Family Support Centres
- Quality medical and psychosocial services are guaranteed within those structures

The Family and Sexual Violence Action Committee (FSVAC), NGOs, civil society and other actors involved in establishing and supporting Family Support Centres:

1) Ensure that the medical and psychosocial needs of survivors are the absolute priority in service provision at Family Support Centres

2) Work with the National Department of Health to ensure that all Family Support Centres provide a minimum standard of medical and psychosocial care

It is time to turn policy commitments into action and end the neglect of thousands of Papua New Guinean women and children. Survivors of family and sexual violence cannot wait another twenty years.

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Women entering the MSF Family Support Centre in Tari

Introduction

As an emergency medical humanitarian organisation, Médecins Sans Frontières (MSF) / Doctors Without Borders provides assistance to people affected by armed conflict, epidemics, neglect, healthcare exclusion and natural disasters. In Papua New Guinea family and sexual violence,[1] which primarily affects women, is widespread and pervasive. This violence often takes the form of sexual, physical and emotional abuse by spouses, partners, family members, friends, neighbours or others. It usually occurs in the place where a person should feel safest, their own home.

The health consequences of this abuse are significant, including but not limited to: serious injuries, unwanted and early pregnancy, unsafe abortion, sexually transmitted infection including HIV, sexual dysfunction, infertility, increased vulnerability to disease, mental trauma and/or death. Although the scale of the violence is well documented, the medical and psychosocial needs of survivors[2] are almost completely neglected when it comes to healthcare provision in Papua New Guinea .

MSF works in Papua New Guinea to address this neglect and provide life-saving, essential medical and psychosocial care to survivors of family and sexual violence. The organisation provides free, high quality, confidential care in two 'Family Support Centres' or FSCs, one in Lae, Angau Memorial General Hospital, Morobe Province and one in Tari Hospital, Southern Highlands/Hela Province.[3] Since MSF started working in Papua New Guinea in late 2007, the organisation has assisted over 6,700 people in these two locations alone.

MSF provides similar medical services in other countries around the world. In 2009 MSF had specific programmes providing care for survivors of sexual violence in the Democratic Republic of Congo, Liberia, Guatemala, Zimbabwe, Burundi, Nigeria, Kenya, Haiti, South Africa, and Colombia, amongst others. MSF teams cared for approximately 13,600 survivors of sexual violence in 92 projects around the world in 2009. In the same year, more than 88,500 people received care from MSF for violence related injuries worldwide.

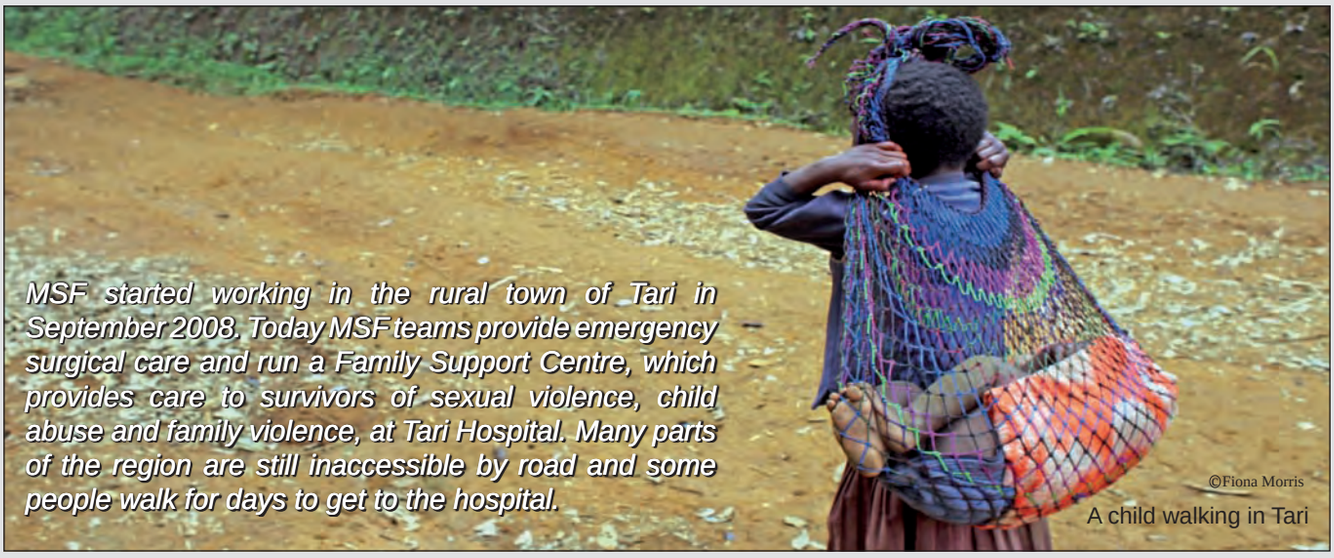
MSF started working in Lae, Papua New Guinea's second city and a busy commercial centre, in November 2007. MSF runs a Family Support Centre at Angau Memorial General Hospital which provides comprehensive, free, quality medical and psychosocial care to survivors of sexual violence, child abuse and intimate partner violence. The Centre treats around 200 new patients a month.

The waiting area of the MSF Family Support Centre in Lae

[1]There is still no universally agreed-upon terminology for referring to violence against women. Many of the most commonly used terms have different meanings in different regions of the world. The term family and sexual violence is used throughout this report as it is the most commonly used and understood term in Papua New Guinea.

[2]The terms survivor and victim are widely used when referring to people who have experienced sexual and gender based violence. The term survivor is generally preferred in psychological and social support sectors because it implies resilience; however the word victim is also used – primarily in legal settings. In this report, as in MSF's projects, the term survivor is used

[3]Please see Appendix One for more detailed information about MSF's work in Lae and Tari.



MSF started working in the rural town of Tari in September 2008. Today MSF teams provide emergency surgical care and run a Family Support Centre, which provides care to survivors of sexual violence, child abuse and family violence, at Tari Hospital. Many parts of the region are still inaccessible by road and some people walk for days to get to the hospital.

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A child walking in Tari

MEDICAL AND PSYCHOSOCIAL NEEDS OF SURVIVORS OF FAMILY AND SEXUAL VIOLENCE

Survivors of family and sexual violence have both acute and long-lasting medical and psychosocial needs. Medical care is more likely to be effective if it is accessed as soon as possible after any violent incident. The medical and psychosocial care that survivors might need includes:

Treatment of injuries:
Any wounds or injuries need immediate medical attention and extreme cases, such as knife wounds, can require surgery.

Prevention of HIV infection:
If the survivor has been exposed to HIV as a result of rape a course of treatment with antiretrovirals (ARVs) known as PEP (post-exposure prophylaxis) can prevent HIV infection. The PEP only works if started within 72 hours (three days) of the rape, though the sooner the treatment starts, the more likely it is to be effective. It must be taken for 28 consecutive days. If a patient arrives later than three days after the rape, it is too late to prevent HIV infection.

Prevention and treatment of other sexually transmitted infections (STIs):
Sexually transmitted infections can be prevented and treated with antibiotics. Whenever the risk is identified, a survivor of rape will receive antibiotics that can prevent the development of infections like chlamydia, syphilis and gonorrhoea – or treat them if they have already been infected. Without treatment some STIs can result in infertility.

Emergency contraception:
If a rape survivor seeks medical care within 120 hours (five days) of the assault, it is possible to prevent an unwanted pregnancy with emergency contraception. The pill stops ovulation and inhibits implantation of a fertilised egg in the womb. Although the pill can be taken up to five days after any assault, its likelihood of success is higher the sooner it is taken.

Prevention of hepatitis B:
The hepatitis B virus can also be transmitted through sexual intercourse and is more contagious than HIV. The hepatitis B vaccine is effective in preventing infection if the first dose is given within three months of the rape.

Prevention of tetanus:
Depending on the nature of the violence and the wounds inflicted, the survivor may be at risk of contracting tetanus. If a survivor has not been previously immunised or when the immunisation status is unknown, they should receive a tetanus vaccination.

Psychosocial support:
The term psychosocial refers to a person's psychological development in, and interaction with, a social environment. Psychosocial care is a type of support given to survivors of violence, disaster or catastrophe which fosters the resilience of individuals and communities. The primary objective of psychosocial care for survivors of family and sexual violence is to help them restore their ability to carry on with their lives. In some cases, when survivors arrive in a state of shock, initial counselling helps stabilise their symptoms and prepare them for the medical consultation. Timely counselling has also been shown to prevent the development of more serious mental disorders like depression, anxiety disorders, and post-traumatic stress disorder that can exacerbate medical conditions.

Follow-up care:
During follow-up consultations, patients receive subsequent doses of the tetanus and hepatitis B vaccinations and are offered an HIV test. Even if the PEP has been taken, there is still chance that the survivor has been infected. Due to the virus incubation period, rape survivors must wait at least three months to find out whether they have been infected with HIV as a result of the rape.

Beyond Medical Intervention – Legal and Social Support
In addition to medical and psychosocial care many survivors need legal, social and economic support such as protection against their attacker, a safe place to stay and legal advice. Medical actors must work with other sectors to provide comprehensive assistance.

All medical service providers have a role in issuing medical reports to survivors which can serve as medical-legal certificate. If a survivor wishes to press charges against a perpetrator, the medical report can constitute important evidence in court – sometimes the only evidence beyond the survivor's own words. The report must contain a description of what the health worker has observed during the clinical examination and the patient's own account of the sexual violence. A health worker cannot and should not determine whether a rape occurred.

A survivor of intimate partner violence in the waiting area of Lae Family Support Centre

The Extent and Impact of Family and Sexual Violence in Papua New Guinea

For many Papua New Guineans, violence or the threat of violence is a part of life. Even if it is not explicitly accepted, it is often tolerated. Research done over twenty years ago documents the extent of this violence in the home. Studies commissioned by the government in the 1980s found that 66% of husbands interviewed said they beat their wives and 67% of wives interviewed said they had been hit. (Toft, S. & Bonnell, S., 1985). More recent studies reveal that 55% of women interviewed had been forced into sex against their will, usually by men known to them, with half of married women saying their husbands used beatings or threats to force them into sex (NRSST & Jenkins, C. 1994 cited in Bradley C. & Kesno, J. 2001). Another study which interviewed 415 women from National Capital District, Western Highlands, Morobe and Western Province found that 58% of those interviewed had suffered physical or emotional abuse in relationships, 47% reported financial abuse, 44% reported sexual abuse and 38% of those interviewed reported social isolation (Lewis, I. , Maruia, B. & Walker S., 2008).

MSF's first-hand experience as the largest provider of specialised medical and psychosocial services to survivors of family and sexual violence in Papua New Guinea supports these findings. MSF currently runs two programmes in Papua New Guinea, in Lae, Morobe Province and Tari, Southern Highlands/Hela Province. Since activities began in late 2007, these two programmes alone have treated thousands of survivors. Almost all of them are women or children who have been attacked and abused by someone they know, usually a family member or intimate partner. Our patients come from all ethnic groups, age brackets and social backgrounds. Tragically for many of the women MSF treats it is not the first time that they have come to the centre in need of care. The view that "we are all survivors here" is one put forward by MSFs staff, many of whom have personally experienced family and sexual violence.

"My husband beat me throughout our marriage. My son would warn me: 'mummy, daddy's drunk, we have to hide'. He was respected in the community. I went to the police many times but they didn't do anything….. At the hospital they would dress my wounds and I would go back home."

Anne,[4] survivor of intimate partner violence and MSF staff member

The damage that family and sexual violence can do to an individual's health is profound. Sexual violence can result in serious injuries, unwanted and early pregnancy, unsafe abortion, sexually transmitted infection including HIV, sexual dysfunction, infertility, increased vulnerability to disease and/or death (Garcia-Moreno, C. et al, 2005). Physical violence can result in contusions, concussions, lacerations, fractures and a variety of 'functional disorders' that have no identifiable cause, such as gastrointestinal disorders and chronic pain syndromes (Ellsberg M, & Heise L. 2005). The psychological effects of family and sexual violence can include depression, anxiety, phobias, post-traumatic stress disorder and suicidal thoughts and attempts (Heise L, Ellsberg M & Gottemoeller M. 1999). Research shows that, as a general rule, survivors have more health problems, significantly higher health care costs and more frequent visits to hospital emergency departments throughout their lives than those without a history of abuse. The same is also true for victims of child abuse and neglect (Krug E. G. et al, 2002).

[4] All names have been changed to protect anonymity

When proper health services are available the long-term physical and emotional harm caused by family and sexual violence can be prevented. Timely medical care can prevent HIV infection, sexually transmitted diseases, hepatitis B, tetanus and unwanted pregnancies. Counselling and psychosocial support can offer a vital lifeline to survivors who are suffering from depression, anxiety, post-traumatic stress disorder and suicidal thoughts.

Yet although the levels of family and sexual violence in Papua New Guinea are well documented, the critical medical and psychosocial needs of survivors are not. As much of the violence in Papua New Guinea occurs in the home, the true extent of its impact on the health of the country's women and children often remains hidden. Very few dedicated services exist, so in most parts of the country survivors only go to health facilities when they have been seriously injured. The majority, however, remain at home.

When survivors do seek care at hospitals and health centres their specific medical and psychological needs are not recognised. In 2008 "accidents and injury" were the third leading cause of admissions in health facilities across the country, above obstetric complications or perinatal conditions, and accounted for 11% of the total burden of disease in Papua New Guinea (GoPNG, 2010). It is very likely that a high number of these "accidents and injuries" were caused by family and sexual violence. However the fact that the causes and determinants of these "accidents and injuries" are not recorded means that the true extent of family and sexual violence and its medical and psychological consequences is not fully documented by Papua New Guinea's health facilities and recognised as a problem.

Survivors with serious physical injuries will have their wounds tended to and will be sent back home. Their other, less visible, health needs with negative and potentially fatal long term consequences are completely neglected by Papua New Guinea's healthcare services. This neglect is causing suffering and, at times, putting lives at risk.

A child holding drugs to treat sexually transmitted infections

"I have been to the hospital three times. The first time my husband's first wife knifed me in my left shoulder. I went to the hospital and had to have four stitches. The second time I tried to kill myself. I locked the door and swallowed big pieces of glass. They took me to hospital and they did an x-ray. Then they told me to drink some water and sleep. I stayed in the hospital for two nights and then went home. The third time was when my husband beat me. I had two black eyes and was unconscious. His first wife took me to hospital, I slept there, they gave me some medicine and I went back home."

Maria, survivor of intimate partner violence and rape

A survivor of family violence receives medical care

The Gaps in Care

In recent years various attempts have been made to end the neglect and address the urgent, unmet medical and psychosocial needs of survivors of family and sexual violence in Papua New Guinea. In the last five years some progress has been made in this regard. The government of Papua New Guinea has recognised the need to provide specialised medical and psychosocial services for survivors of family and sexual violence in the form of Family Support Centres (FSCs).

The National Department of Health has issued a number of directives regarding the establishment and roll out of these Centres. However a lack of clear leadership, guidance and medical expertise has meant that these directives have yet to be properly implemented. Substantial gaps in care exist, leaving thousands of Papua New Guinean women and children without the services they so desperately need.

In 2005, the Secretary for Health directed Chief Executive Officers of public hospitals to establish Family Support Centres in all government hospitals. These hospital-based centres are supposed to provide services for women who have been physically abused or raped. They are supposed to be places where they can receive treatment, counselling and referrals in privacy, where limited protection can be offered, and where medico-legal evidence can be collected speedily (GoPNG, 2008).

In November 2009 another circular was issued directing health facilities to include gender based violence programmes, activities and operations of Family Support Centres in all annual activity plans and hospital budgets. In the same month the National Department of Health issued another circular to all hospitals, health centres, sub-health centres and health facilities directing them to waive fees for domestic violence cases, sexual violence cases, child abuse cases, women and children injured in tribal fights and medical reports for domestic violence, sexual violence and child abuse.

The 2011-2020 National Health Strategy reaffirms the commitment to providing care for survivors of family and sexual violence. Under “Key Result Area 7: Promote Healthy Lifestyles” the Department of Health aims to “Increase health sector response to prevention of injuries, trauma and violence with an impact on families and the community.” Strategy 7.1.2 of this general objective commits to “Increase the roll-out of and access to Family Support Centres to reduce the impact of violence in the home and community.” (GoPNG, 2010). Despite these policy commitments, today there are less than ten functioning Family Support Centres in Papua New Guinea. These FSCs are funded and run by a number of different actors. They provide a variety of services, many of which do not meet minimum standards of care.

There is a great deal of confusion around what a Family Support Centre is, with many actors thinking of an FSC as a building rather than a set of essential services. Some of this confusion comes from the fact that clear guidelines, defining the medical and psychosocial care that should be provided in an FSC and the staff that are necessary to provide this care, have not been established by the National Department of Health.

Treatment protocols and guidelines are not in place. Draft Clinical Guidelines for the Medical Care and Support of Survivors of Sexual and Gender Based Violence in Papua New Guinea, which provide comprehensive instructions on all levels of treatment and care, have yet to be finalised and implemented in health facilities around the country.

Many women and children who have suffered from family and sexual violence still have to pay for their medical care and reports, as the circular waiving fees has not yet been fully implemented in all hospitals and health centres.

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A survivor of intimate partner violence

The way that many Family Support Centres have been established and are being run reflects the multi-sectoral approach to responding to family and sexual violence in Papua New Guinea. The admirable long-term goals of preventing and stopping violence, with its focus on awareness raising, sensitisation campaigns and behavioural change, has overshadowed the short-term, achievable goal of providing quality medical and psychosocial care services. A number of FSCs in Papua New Guinea do not provide any medical or psychosocial care whatsoever.

Donors involved in supporting FSCs have focused on funding infrastructure instead of services. Whilst it is important to have a designated space where care can be provided in a confidential and private manner, it is vital to first establish what services will be provided in that structure or space, who will provide them and what standards will be adhered to.

A number of the buildings that are called Family Support Centres are staffed by people who have received sensitisation courses around gender issues or have a background in social work, but are not qualified and trained to provide medical or psychosocial care. This is a serious concern. Providing care for survivors of family and sexual violence is an area of expertise, where harm can be done if providers are not properly qualified and trained.

These gaps in care can and must be addressed immediately. MSF's experience in Lae and Tari demonstrates the providing quality, specialised care is possible. It also shows the levels of need that exist. When care is provided by trained, qualified staff, survivors of family and sexual violence will access it in their thousands.

MSF's Experience: Revealing the Tip of the Iceberg

As the main provider of specialised medical and psychosocial services to survivors of family and sexual violence in Papua New Guinea, MSF has created medical records which document the care provided to the thousands of women and children who have come to the Family Support Centres in Lae and Tari in need of free, high quality, confidential, non-judgemental assistance. The main objective of these records is to ensure the best possible care for our patients.

It is important to emphasise that any information taken from health centres or medical records is limited as it only documents the experiences of those who came to the facility. It does not count those who were not able to access help. Despite its limitations, the information here offers a glimpse into the lives of thousands of Papua New Guinean women and children who have been beaten, abused and assaulted by someone they know, many of them more than once.

Yet it is merely a glimpse. MSF knows that the thousands of women it assists are just the tip of the iceberg. There are thousands of other survivors of family and sexual violence in Lae and Tari who are not coming to the MSF Family Support Centres. There are thousands more in other provinces and districts of Papua New Guinea who have nowhere to go to get the care they need.

MSF has provided care for more than 6,700 survivors of family and sexual violence in its Family Support Centres in Lae and Tari, places with significantly different resources, infrastructure, and social dynamics.[5] The vast majority of our patients are women and girls, but MSF also provides care to men and boys. Our patients come from all ethnic groups, age brackets and social backgrounds. Tragically for many of the people that MSF treats it is not the first time that they have come to the centre in need of assistance.

The data presented here differentiates between people treated as a result of family and intimate partner violence and those treated as a result of sexual violence. In Lae it covers the time period January 2008 to June 2010. In Tari, where the MSF Family Support Centre opened in September 2009, it covers September 2009 to September 2010.

In total over 5,500 of the medical consultations that MSF's teams have provided in both Lae and Tari have been for family and intimate partner violence, for people - primarily women - who have been physically and emotionally abused by spouses, intimate partners and family members. Over 1,250 first time medical consultations were provided for survivors of rape and sexual violence.

Medical records in Lae Family Support Centre

[5]Please see Appendix One for more detailed information about MSF's work in Lae and Tari

The surgery and Family Support Centre triage area at Tari Hospital

SEXUAL VIOLENCE, CHILD ABUSE, FAMILY VIOLENCE AND INTIMATE PARTNER VIOLENCE

In Papua New Guinea MSF provides medical and psychosocial care to survivors of sexual violence, child abuse, family violence and intimate partner violence.

Sexual Violence is defined as any act, attempted or threatened, that is sexual in nature and is done with force – physical, mental/emotional, or social – and without the consent of the affected person/survivor. This includes any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim in any setting, including but not limited to home and work. (Krug E. G. et al, 2002)

As a medical organisation MSF provides care to survivors of sexual violence whose physical and mental health has been damaged or is at risk as a result of certain sexual acts including:

- **Rape:** an act of sexual penetration that occurs without free and voluntary consent. This includes the introduction, to any extent, by a person of his penis into the vagina, anus or mouth of another person without their consent and the introduction by a person of any object or a part of his or her body (other than the penis) into the vagina or anus of another person without their consent. Marital rape, incest and rape of a minor are all included under this definition.[1]
- **Attempted Rape:** efforts to rape someone, which do not meet with success, falling short of penetration
- **Sexual Assault:** when a person touches with any part of his body or with an object manipulated by him the sexual parts, including the genital area, groin, buttocks or breast, of another person without their consent

Child abuse is defined as the physical, sexual, psychological abuse or neglect of a child by a parent or caregiver (Krug E. G. et al, 2002). Under PNG law a child is defined as anyone under 18 years of age, with children aged under 16 not deemed as having the legal capacity to consent to sexual acts.[2]

MSF also treats survivors of family violence and intimate partner violence. These types of violence fall under the more general term domestic violence, which does not have a universally agreed upon definition but is generally agreed to include any act of physical, sexual, and emotional abuse perpetrated by a spouse, partner or family member.

In Papua New Guinea MSF uses the terms family violence and intimate partner violence as they are more widely understood and more accurately reflect the violence inflicted on our patients and their medical and psychosocial needs. The definitions used by MSF are:

Family violence: people who have been physically, sexually or emotionally harmed by another member or members of the family, regardless of the age or sex of the victim or perpetrator (Ellsberg M, and Heise L. (2005).

As family has a very broad definition in the Papua New Guinean context, MSF defines family members as people who live within the same household or compound, this can include blood relatives, co-wives and members of extended family such as in-laws.

Intimate Partner Violence: people who have been physically, sexually or emotionally harmed by someone they are in an intimate relationship with. This includes current or former spouses or partners such as boyfriends, girlfriends, same-sex partners or dating partners, whether they are living together or not (Krug E. G. et al, 2002).

Clearly the different categories overlap, a survivor of sexual violence can also be a survivor of family violence. MSF uses these definitions in order to provide the best care possible and keep a record of that care. Survivors are treated according to their immediate health needs, which are determined according to the act or event that has precipitated their visit to the health facility.

[1] The legal definition of rape and other sexual acts can vary in different countries. In Papua New Guinea MSF uses the legal definitions outlined in the amended Criminal Code (Sexual Offences and Crimes against Children Act) 2002.

[2] Lukautim Pikinini (Child) Act 2009 and the amended Criminal Code (Sexual Offences and Crimes against Children Act) 2002.

1) Circumstances of the Violence

When dedicated services are not available survivors of family and intimate partner violence will often only seek medical care when they have been seriously physically injured, with broken bones or knife wounds. The damage caused by daily beatings, punches, slaps, kicks, verbal and emotional abuse remains hidden from, and neglected by, the majority of Papua New Guinea's healthcare facilities. However in MSF's Family Support Centres the impact of this violence and the damage it causes is apparent.

In both Lae and Tari approximately 95% of survivors who came to seek care as a result of family or intimate partner violence were females over the age of 18 who had been attacked in the place where they should feel safest, their home or family compound. These attacks were carried out by family members or intimate partners.

Most women reported being attacked by one person, however in 5% of cases in Lae and 8% of cases in Tari more than one person was involved. This reflects both the living situations of many of MSF's patients and a degree of acceptance of violence as a means to settle disputes. The perpetrators in these attacks were not exclusively men. MSF treated men that had been attacked by women and women that had been attacked by other women, usually co-wives.

"I am my husband's second wife. The first wife doesn't like it that my husband gives me money, so she argued with him and then he came and beat me. He hit me with a stick and broke my arm….When I went home and my arm was in a plaster cast my husband and the first wife were fighting. I went outside. She came with a bush knife and she tried to cut my neck. I put my hand up to protect myself and she cut the cast."

Susan, survivor of family violence and rape

The vast majority of sexual violence attacks were perpetrated by someone known to the survivor, often a spouse, intimate partner or family member. A high number of sexual violence attacks and rapes involved more than one perpetrator.

Chart 1:
Recorded aggressor during reported sexual violence incidents at Lae FSC, January 2008 – June 2010

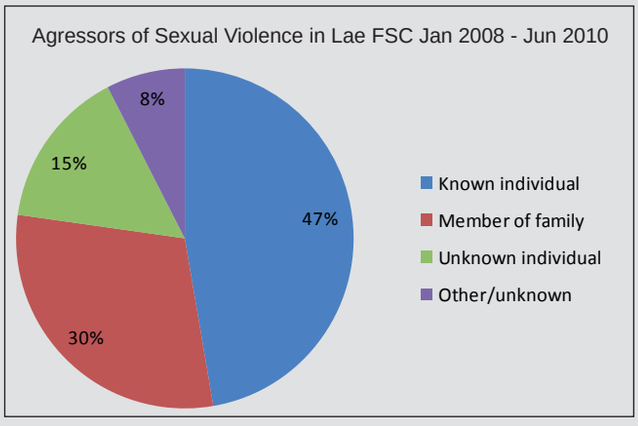
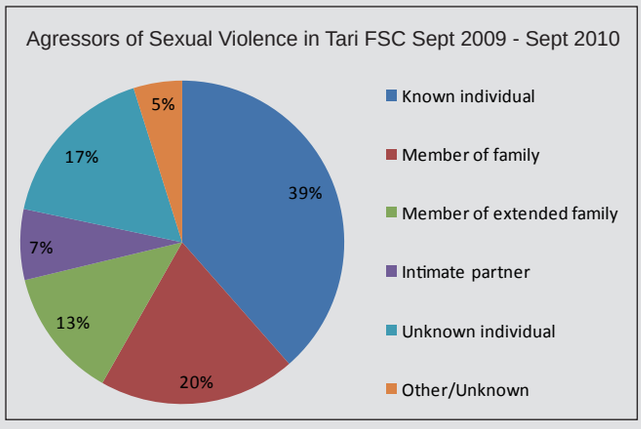


Chart 2:
Recorded aggressor during reported sexual violence incidents at Tari FSC September 2009 – Sept. 2010



In Lae, 77% of patients who received medical and psychosocial care for sexual violence said they knew their attacker. 30% said that their attacker was related to them.[6] 50% of all reported attacks took place in the home and 17% of all rapes and assaults were perpetrated by more than one attacker.

In Tari 79% of sexual violence incidents were said to be carried out by someone known to the survivor. 20% of sexual violence incidents were said to be carried out by family member, meaning a direct blood relative. 13% were carried out by a member of the survivor's extended family. 7% of incidents were perpetrated by an intimate partner. 15% of all incidents involved two or more perpetrators.

"A friend of mine eventually ran away from her husband and went to her relatives. Because the husband paid the bride price he went to the family and brought her back. The same afternoon he collected seven youths and they came and gang raped the wife. In the process they badly injured her, they heated up an iron bar and they were inserting it through her vagina. They even boiled hot water and poured it on her vagina. The injuries were nasty. They repeatedly raped her from about six in the afternoon until about four in the morning."

MSF staff member

2) Age of Survivor

95% of people that MSF treated for family and intimate partner violence were adult women, aged over 18. However a shockingly high number of patients who received care for sexual violence were children.

Chart 3:
Age of sexual violence survivors presenting at Lae FSC
January 2008 – June 2010

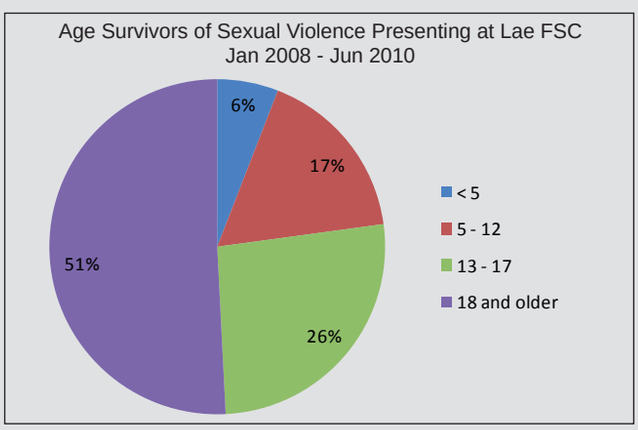
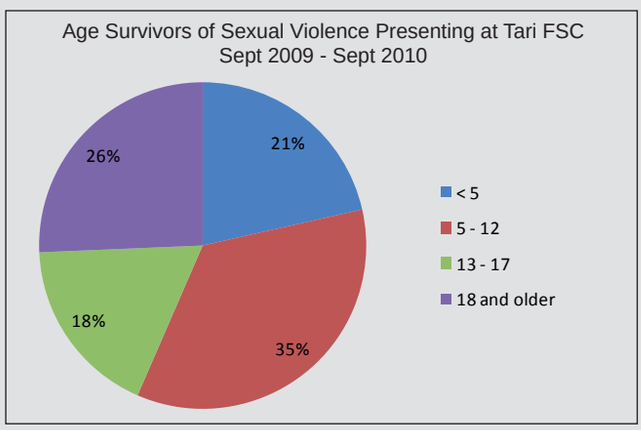


Chart 4:
Age of sexual violence survivors presenting at Tari FSC
September 2009 – September 2010



In Lae 49% of all consultations were for children under the age of 18 and 22% of medical consultations were for children aged 12 or under. In Tari 74% of all sexual violence consultations were for children under the age of 18 and 56% of sexual violence consultations were for children aged 12 or under.

Children in Papua New Guinea are particularly vulnerable to rape and sexual abuse by people known to them. As children's bodies and minds are still developing, the impact of this violence can cause long-term medical and emotional damage.

The high numbers of children treated also reflects the fact that when a child is attacked people are more likely to seek medical help. Sexual violence against children in Papua New Guinea is neither tolerated nor condoned, but sadly sexual violence against adult women by a spouse, partner or family member often is. Many of the adult women that MSF treats as a result of sexual violence only come to seek help if the violence has been perpetrated by a stranger, if they are seriously injured, or if they are worried about unwanted pregnancy, infection with HIV or contracting a sexually transmitted infection.

With both adults and children, the numbers that MSF is treating are just the tip of the iceberg.

[6]Based on patient histories given by the patient and interpreted by MSF staff. This interpretation takes into consideration the broad definition of family used in the Papua New Guinean context, which can include a wide range of people such as immediate family members living in the same house, distant blood relatives, a spouse or partner's blood relatives, members of the same linguistic group and more.

3) Medical Needs and Care Provided

Every single survivor who came to Lae or Tari FSC received free, high-quality, confidential medical and psychosocial care.

Most women who came to the MSF Family Support Centres as a result of family or intimate partner violence had been physically injured. In Lae 65% of survivors had been struck or hit during their attack. In 40% of cases the perpetrator had punched, slapped or kicked them. In other instances, all sorts of tools, from bush knives to umbrellas, have been used as weapons to cause more serious harm. Considering that most women with serious trauma injuries would first seek medical care in Angau Hospital's Accident and Emergency department, the number presenting at the FSC with physical injuries is significant.

In Tari 99% of survivors had been physically injured during their attack. 28% of survivors needed treatment by the surgical team. These high numbers do not necessarily imply that women in Tari are subject to more violent attacks than women in Lae. It is more likely that they reflect the strong links between the MSF run surgical department and the Family Support Centre in Tari Hospital. All patients who needed surgical care as a result of family or sexual violence were also referred to the FSC for follow up medical and psychosocial care.

Chart 5:
Delay in presentation of survivors of sexual violence at Lae FSC, January 2008 – June 2010

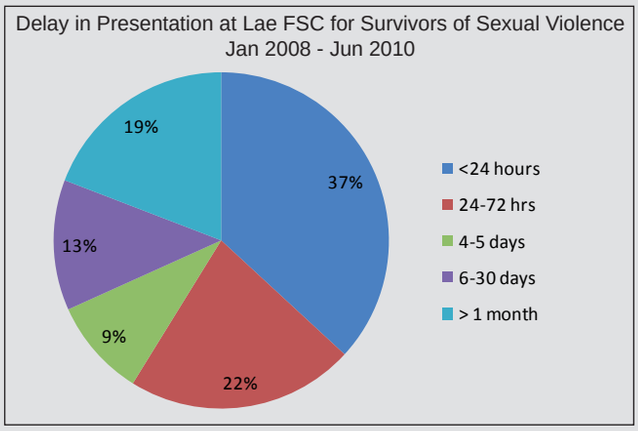
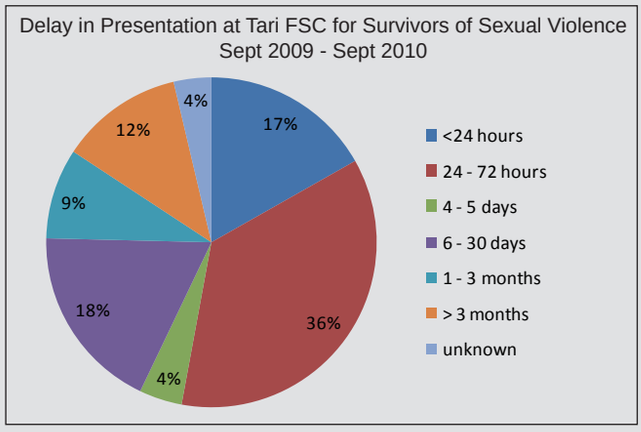
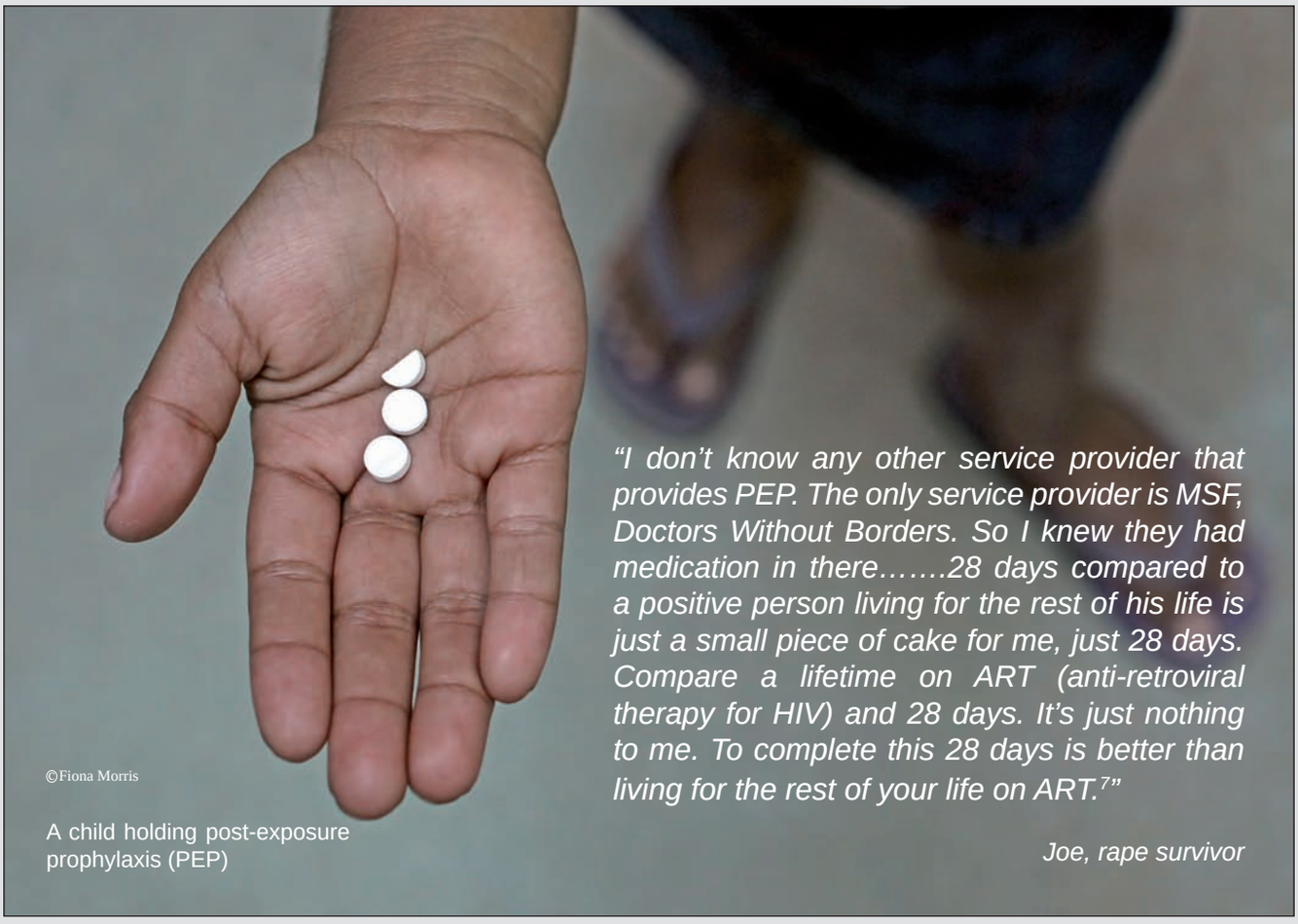


Chart 6:
Delay in presentation of survivors of sexual violence at Tari FSC September 2009 – September 2010



The vast majority of people who presented at the Lae and Tari FSCs as a result of sexual violence did so within 72 hours of their attack. This is the time period during which prophylaxis to reduce the risk of HIV infection and emergency contraception is most effective. Many of the survivors who presented within this time period were assessed to be at high risk of HIV infection, unwanted pregnancy and sexually transmitted infections and were given the appropriate care. The MSF FSC is the only place they can get this care.

In Lae 83% of all survivors of sexual violence received treatment for sexually transmitted infections. 59% of patients who received treatment for sexual violence came to the centre within 72 hours of their attack. 65% of these were considered to be at risk of HIV infection and were prescribed post-exposure prophylaxis. 68% of patients who received treatment for sexual violence came to the centre within 120 hours of their attack. 44% of these were at risk of unwanted pregnancy and were provided with emergency contraception.



In Tari 70% of all sexual violence cases were considered to be at high risk of sexually transmitted infections and were prescribed prophylaxis or treatment. 53% of patients who received treatment for sexual violence came to the centre within 72 hours of their attack. 65% of these were considered to be at high risk of contracting HIV and received prescribed post-exposure prophylaxis.

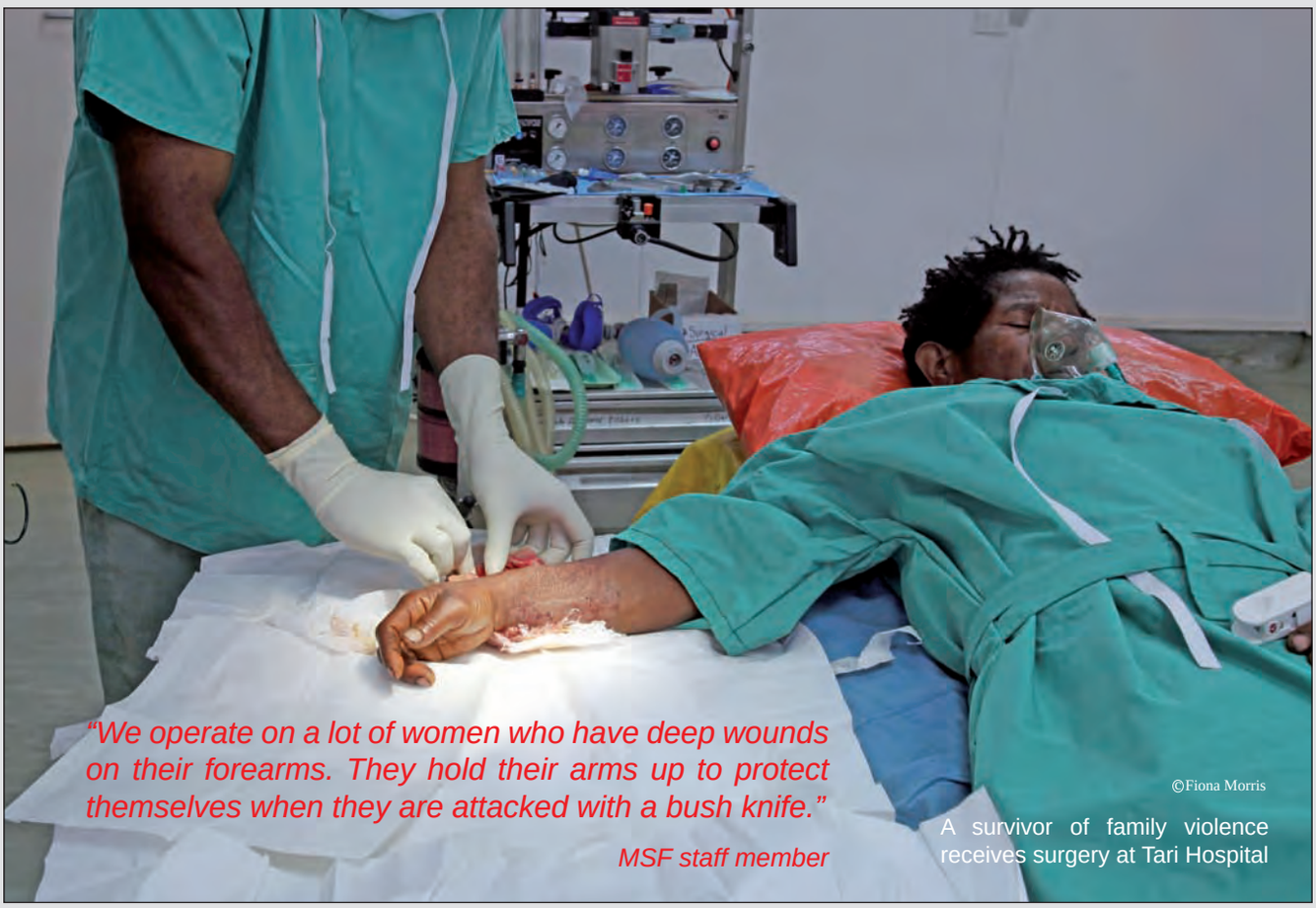
"When I was in hospital doctors from the Family Support Centre came to see me. They gave me medications for STIs, injections, post-exposure prophylaxis. I was really amazed, these doctors they began to communicate with me, it was like I know them and they care for me. They explained the drugs, telling me, 'this one is like this, this one protects you from this.' They made me aware and then gave me the drugs."

Jane, survivor of sexual violence

57% of patients who received treatment for sexual violence arrived at the centre within 120 hours of their attack. 30% of these were considered to be being at risk of unwanted pregnancy and were provided with emergency contraception. If available and accessed in time, this medical treatment can prevent HIV, infection with sexually transmitted diseases, unwanted pregnancies, tetanus and Hepatitis B.

Yet the care that MSF provides involves more than prescribing drugs and medication and discharging people. MSF staff spend time speaking to and listening to survivors, helping them cope with their situations and explaining the treatment they need and how to take it.

[7] If a survivor has been exposed to possible HIV infection due to rape or sexual assault, post exposure prophylaxis (PEP) - 28 days of treatment with antiretroviral drugs - should be prescribed within 72 hours of the incident



"We operate on a lot of women who have deep wounds on their forearms. They hold their arms up to protect themselves when they are attacked with a bush knife."

MSF staff member

A survivor of family violence receives surgery at Tari Hospital

A survivor of family violence receives medical care

"He beat me and broke my arm. Last week on Friday I came to the Family Support Centre to get the cast removed. When I went home he beat me again. I've been facing this problem for a long time. I'm sick and tired of it. I want to kill myself. I think I have no other life to enjoy."

Janet, survivor of intimate partner violence and rape

A survivor of family violence receives medical care

4) Psychosocial Care

Family and sexual violence has been proven to cause suicidal thoughts, attempts and self harm and Papua New Guinea is no exception. A number of the patients MSF treats are trapped in a cycle of violence and see suicide or self-harm as the only solution. These critical needs are not recognised or provided for in Papua New Guinea's health facilities. If survivors receive any medical care at all it is for physical injuries, their internal wounds are left neglected and untreated.

"That's the main reason he beats me, when I refuse sex. He beats me and forces me to have sex…. I don't have a good life. I think I would have a better life if I killed myself and lived in the spirit world. I don't have happy days, I feel like I'm living in hell."

Betty, survivor or intimate partner violence and rape

The MSF clinics are the only place in the country where psychosocial care is provided as a routine part of care by medically qualified, trained staff. For women and children who have been sexually, physically or emotionally abused this care is essential. For those that have been abused by someone they know and often have no option but to return to live in the same house as the perpetrator, it can be life-saving.

""All hospitals should have a counselling service. When you are attacked it brings you things you have never before experienced. The doctors treat you the best that they can treat you, but the things in your mind affect your whole body."

Margaret, rape survivor

MSF counsellors offer therapeutic help to survivors, talking to them about their fears, helping them to identify their own strengths and to develop coping mechanisms. The psychosocial care provided ensures the physical safety of the survivor, guaranteeing confidentiality and respecting their wishes, rights and dignity. The goal is to help the survivor through the crisis, provide options, information and resources so that informed decisions can be made. In some cases, when survivors arrive in a state of shock, initial counselling helps stabilise their emotions and prepare them for the medical consultation. Timely counselling has also been shown to prevent the development of more serious mental disorders like depression, anxiety disorders, and post-traumatic stress disorder that can exacerbate medical conditions.

In Lae and Tari the impact of this care has been profound. In total over 9,300 psychosocial care consultations have been provided in both locations.

In Lae:

- 90% of survivors received at least one psychosocial care consultation
- 72% of patients who were discharged from the psychosocial care programme reported an improvement in their condition
- 66% who were discharged from the psychosocial care programme reported an increased ability to engage in daily activities

In Tari:

- 89% of survivors received at least one psychosocial care consultation
- 90% of patients who were discharged from the psychosocial care programme reported an improvement in their condition
- 85% who were discharged from the psychosocial care programme reported an increased ability to engage in daily activities

“As a nursing officer I saw women who were raped, beaten, with fractures and I was never able to help them with psychosocial care because the focus was on medical care. Here we provide both. I don’t think counselling makes a difference, I know it does. I see it making a difference in the lives of women. We are helping women to find space to move with their emotions and recognise their own value.”

MSF staff member

A survivor of intimate partner violence receives psychosocial care

MSF teams raise awareness with the local community in Lae

5) Referrals

Since MSF started working in Lae in November 2007, the organisation has invested in raising awareness of the services offered at the Family Support Centre, both with the general public but also with other service providers such as the police. Awareness raising activities, good collaboration with other actors and strong referral networks are very important in ensuring that survivors receive the care they need.

Chart 7:
Referral of Family and Intimate Partner Violence cases to Lae FSC by other Actors

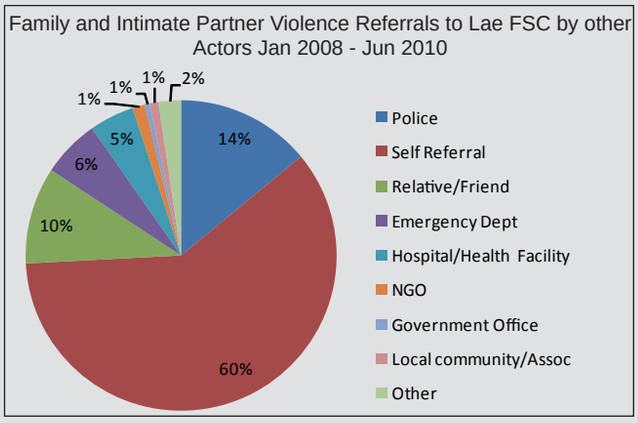
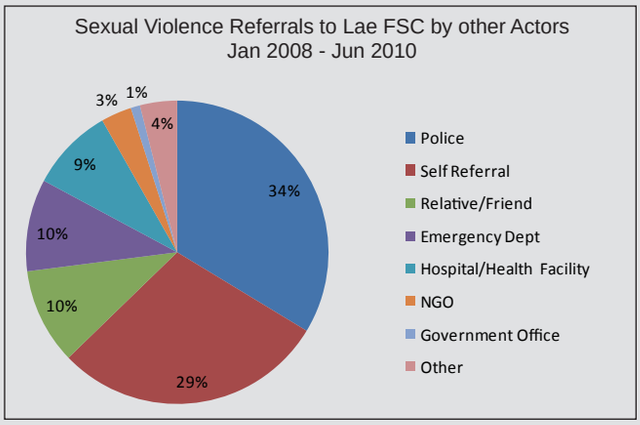


Chart 8:
Referral of Sexual Violence cases to Lae FSC by other Actors



Most survivors of family and intimate partner violence who receive treatment in Lae are self-referred, coming to the FSC of their own accord. 14% were referred by the police, 10% heard about the centre through a friend or relative, 6% came through Angau Memorial General Hospital's Accident and Emergency Department and 5% through other hospitals or health facilities.

34% of survivors of sexual violence and rape were referred by the police, with 29% coming on their own initiative. 10% were referred by a friend or relative, 10% came through Angau Memorial General Hospital's Accident and Emergency Department and 9% through other hospitals or health facilities.

In Tari the lack of institutional presence and capacity from other actors, results in a very small numbers of referrals from other institutions.

6) Training

The medical and psychosocial care of survivors of family and sexual violence is an area of specialist care, where harm can be done if providers are not properly trained. In order to ensure high-quality medical and psychosocial care MSF has invested heavily in training its staff, establishing treatment protocols and ensuring that rigorous standards are adhered to at all times. MSF has also trained staff from other departments of Angau General Memorial Hospital, area health centres, community based organisations, governmental institutions and non-governmental organisations.

In July 2010 MSF trained staff from Mt Hagen General Hospital. The month-long, skills-based course provided both classroom and hands-on training. Over the course of four weeks, the Mt Hagen staff were trained in: detecting sexual and family violence cases; the provision of psychosocial support services; medical examinations of family and sexual violence patients; the detection and management of common injuries and STIs including HIV; legal considerations; outreach and data collection. The training also included observation in the medical and counselling rooms, triage and pharmacy.

Following this training, in November 2010 Mt Hagen General Hospital opened a functioning Family Support Centre which will initially focus on providing medical and psychosocial care to survivors of sexual violence. Once more financial and human resources are available, the FSC services will expand. In 2011 MSF plans to make this free of charge, competency based training available to other provincial hospitals and health centres throughout the country. It is a unique opportunity for selected healthcare workers to get intensive, hands-on training to develop the skills needed to provide care for survivors of family and sexual violence. If properly supported, this training could play a key part in ensuring that free, quality, confidential medical and psychosocial services are available in health facilities throughout the country.[8]

An MSF staff member receives on-the-job training at Lae Family Support Centre

[8]For more information on this training opportunity please see Appendix Two

The Way Forward

The data and testimonies in this report offer a rare glimpse into the lives of some of the Papua New Guinean women and children who face regular sexual, physical and emotional abuse by spouses, partners, parents, caregivers, family members, friends, neighbours or others. This abuse usually happens in the place where a person should feel safest, their own home. The information reflects the courage of people who come forward to seek care, often against all odds. Ironically, it also reflects their good fortune: they live near to a functioning Family Support Centre where they are able to get help. The vast majority of survivors of family and sexual violence in Papua New Guinea live in provinces and districts where they cannot get specialised care through existing health facilities.

Access to life-saving care should not be a matter of luck. The medical and psychosocial needs of survivors must be recognised as a priority and every effort made to ensure that health facilities throughout Papua New Guinea are able to provide specialised care for survivors of family and sexual violence without further delay. Multi-sectoral strategies to prevent violence in Papua New Guinea are commendable, but will require long-term behavioural change across several generations. In the meantime, lives are being lost and thousands of women and children are suffering unnecessarily without adequate care.

It is time to turn policy commitments into action and end the neglect. The care that MSF provides at Family Support Centres in Lae and Tari should be made available at hospitals and health facilities throughout the country. In order to achieve this MSF recommends that:

The National Department of Health:

1) Assumes its responsibility for policy making, establishing the medical standards that health facilities in the country need to meet to address the needs of survivors of family and sexual violence

2) Finalises and implements operational guidelines that provide the framework for service provision in health facilities. These guidelines must contain:

- a clear definition of services that need to be provided in Family Support Centres (FSCs) to be rolled out according to the 2011-2020 National Health Plan. The list of services should be realistic, and prioritise essential medical and psychosocial care.

- an outline of the minimum number of staff that are required to provide these services, their profiles, qualifications and training

3) Ensures that the Clinical Guidelines for the Medical Care and Support of Survivors of Sexual and Gender Based Violence in Papua New Guinea are finalised and implemented in all health facilities throughout the country

4) Ensures officially approved, competency based trainings are available for staff involved in caring for survivors of family and sexual violence

5) Reviews all existing Family Support Centres to guarantee that they adhere to the operational guidelines and are providing minimum standards of care

6) Ensures that all future Family Support Centres adhere to the operational guidelines and provide quality services

7) Ensures that its directive to waive fees for the medical treatment of survivors of family violence, sexual violence and child abuse is properly implemented in health facilities throughout the country

8) Records the numbers of consultations for violent trauma as distinct from accidents and injuries in health facilities across the country

Provincial Hospitals:

1) Allocate the necessary budgets to provide Family Support Centre services

2) Identify and if necessary recruit the staff needed to provide these services

3) Ensure that these staff are adequately qualified and appropriately trained

Donors:

1) Recognise that Family Support Centres are a set of services and not a building and therefore

2) Focus funding on service provision and staffing in addition to infrastructure

3) Provide funds on the condition that:

- National and provincial health authorities are involved in the establishment of Family Support Centres

- Quality medical and psychosocial services are guaranteed within those structures

The Family and Sexual Violence Action Committee (FSVAC), NGOs, civil society and other actors involved in establishing and supporting Family Support Centres:

1) Ensure that the medical and psychosocial needs of survivors are the absolute priority in service provision at Family Support Centres

2) Work with the National Department of Health to ensure that all Family Support Centres provide a minimum standard of medical and psychosocial care

Appendix One: MSF's Activities in Papua New Guinea

Lae, Morobe Province

The Family Support Centre in Lae was founded as the Women and Children's Support Centre at Angau Memorial General Hospital with the support of Soroptomist International Lae in 2003. MSF began its activities at the centre in late 2007. In early 2010 the centre officially changed its name to the Family Support Centre (FSC) in line with the guidelines of the National Department of Health and the Family and Sexual Violence Action Committee (FSVAC) of the Consultative Implementation and Monitoring Council (CIMC).[9] All financial, administrative and technical support for the running of the centre is provided by MSF in partnership with Angau General Memorial Hospital.

When MSF first started activities in Lae, services were provided to survivors of sexual violence, child abuse and family violence. However in November 2009 MSF was obliged to refine its admission criteria as staff were overwhelmed with the numbers of people coming to the centre. Today the centre provides comprehensive, free, confidential medical care and emotional support to survivors of sexual violence, child abuse and intimate partner violence. Survivors of other forms of family and social violence are referred to different service providers in Lae. The centre is open Monday to Friday from 9am to 5pm and on Saturday from 9am to 1pm. Every month approximately 200 new patients receive care at the centre.

Due to the severity of their injuries, many survivors go to the hospital's accident and emergency (A&E) department. In order to ensure that this is not the only care that they receive, MSF has trained hospital staff to identify survivors and refer them to the FSC. MSF also supports three triage nursing positions in the A&E department who provide a close link to the Family Support Centre. MSF has provided the A&E department with a 'sexual violence trolley' containing protocols and medical treatment for use by hospital staff to ensure that survivors can access emergency medical care when the centre is closed.

Tari, Southern Highlands/Hela Province

MSF began working in Tari Hospital, Southern Highlands/Hela Province in September 2008. Assessments revealed that this area was prone to widespread violence and disputes between different groups. Levels of social, sexual and family violence were extremely high. Due to a lack of resources Tari Hospital was not able to provide adequate health care. MSF teams started work in the hospital providing emergency surgical care, including major and minor surgery, and setting up an inpatient facility with 30 beds. Today the surgical team performs about 80 surgeries every month, a quarter of which are for injuries caused by violence. An additional 1,000 people receive treatment in the surgical outpatient clinic every month. MSF also supports the hospital's water and sanitation infrastructure and offers technical support to the on-site laboratory.

In September 2009, MSF opened a Family Support Centre in Tari hospital in order to provide medical and psychosocial care to survivors of family and sexual violence. Women who come to the hospital in need of surgical care are first operated on by the MSF surgical team and then referred to the FSC for further care. Women who present at the hospital's outpatient department are referred straight to the FSC. MSF staff in the hospital have been trained to identify patients who may have been subjected to family or sexual violence and encourage them to visit the FSC for further care. As MSF supports the surgical ward of the hospital and a strong referral system is in place, the FSC receives many women and children who have been seriously injured. A significant number present having been 'chopped', they come to the hospital with knife wounds after having been attacked by someone in their family, their spouse or partner.

The services that MSF provides in Lae and Tari include:

Free, Quality Medical Care to Survivors of Family and Sexual Violence

In both Lae and Tari the medical care provided to adult, adolescent and child survivors at the Family Support Centres

[9]The Family and Sexual Violence Action Committee (FSVAC) is one of the 12 sectoral committees of the Consultative Implementation and Monitoring Council (CIMC). Established in 1998 by a decision of the National Executive Council, the CIMC facilitates communication between government, the private sector, NGOs, churches and academic and research institutions. The CIMC is chaired by the Minister for Planning and Implementation but is an independent body located outside the public service. The official role of the FSVAC is to co-ordinate activities in each of the focus areas, which involves working with dozens of groups around the country, with funding from various bilateral and multilateral donors

are essential and can be life-saving. This medical care includes, but is not limited to: thorough history taking, including details of the violent incident and past medical history; physical examination; evaluation and treatment of traumatic injuries; basic wound care, including careful cleaning and suturing when required; management of orthopaedic injuries; voluntary counselling and testing for HIV; prescription and management of post-exposure prophylaxis (PEP) for HIV; diagnosis and treatment or prevention of sexually transmitted infections (STIs), vaccination when necessary; and the provision of emergency contraception if indicated.

Provision of psychosocial support by trained counsellors is a unique and vital part of the care. The people who come to the FSCs have specific mental health needs, related not only to the traumatic events that they have been through, but also their ongoing medical needs and the impact that these needs can have on their future. Counsellors offer therapeutic help to survivors, talking to them about their fears, helping them to identify their own strengths and to develop coping mechanisms. Ensuring the physical safety of the survivor, guaranteeing confidentiality and respecting their wishes, rights and dignity are immediate concerns. The goal is to help the survivor through the crisis and provide options, information and resources so that informed decisions can be made. In addition to individual sessions, group counselling is also offered through Life Skills Group, Intimate Partner Violence Support Group and Children's Play Group at Lae FSC.

Medical Reports

Medical reports are prepared for all survivors of sexual violence. These reports contain a description of what the health worker has observed during the clinical examination and the patient's own account of the violence. These reports can and are used by the police or in court as evidence that the survivor has been examined and received medical treatment. However they cannot and should not be used to indicate or interpret who or what caused those injuries. It is only the survivor, perpetrator and any direct witnesses who can provide this information. Medical professionals are not in a position to speculate or make statements about alleged perpetrators. MSF counsels all patients on the meaning and usage of medical reports and has collaborated with actors in the law and justice sectors to provide training on the uses and limitations of the reports.

Outreach and Awareness Raising

In Lae, MSF maintains strong links with Angau Memorial General Hospital's health education department, other health centres, churches, non-governmental organisations, schools, businesses, community leaders and community groups in and around Lae in order to raise awareness about the FSC and ensure that survivors of sexual and intimate partner violence know how to access the services provided there. These activities also help MSF to evaluate the impact of the FSC and identify any barriers to care so that the best possible services are provided.

Legal and Social Support

Coordination amongst medical and other sectors is essential in guaranteeing comprehensive assistance to survivors that addresses their non-medical needs. MSF staff work closely with other actors in Lae that can provide legal and welfare support. A social worker is employed to maintain links with, and ensure referrals to, other actors such as provincial and local police, the sexual offences squad, and the juvenile justice division of the police, the judicial system, pro bono lawyers, community leaders, churches and church groups, welfare offices, safe houses and transit houses and organisations that work on adult literacy, amongst others. The social worker helps to facilitate further care and support for survivors and monitors the outcomes of all referrals.

Unfortunately the success of these referrals is limited as the services that exist for MSF to refer to are inadequate and certainly do not meet the high levels of need. In Tari MSF offers a 'safe space' in its FSC, a small sleeping area where women can spend one or two nights safely. This is offered as there are no other safe housing facilities in Tari. MSF is not able to refer its patients on to other support services as they simply do not exist in and around Tari.

Appendix Two: MSF Training

In 2011 MSF plans to extend the unique training programme offered at Lae Family Support Centre and provide selected staff at health facilities throughout the country the opportunity to receive specialised, intensive, hands-on training. The training package that MSF is offering includes:

1. Site visit at least one month prior to the commencement of the training. This site visit provides MSF with the opportunity to assess the current set up and the training needs. During this visit MSF staff can also meet with the members of the hospital, or facility, management team and the FSVAC.

2. Training plan tailored to meet the needs of the facility. The training plan takes into consideration the staff attending the training, the time allotted for the attachment and the needs of the facility.

3. Both classroom style and hands-on training focused on the skills needed to provide high quality care to survivors. Opportunity to observe patient interactions and to provide care to survivors of violence. These activities will take place under the supervision of the MSF staff.

4. Participation in outreach events

5. Guidance on the implementation or development of FSC services at the hospital based on resources available. At the conclusion of the training process, a document with recommendations on how to proceed with the implementation FSC services will be produced

6. Follow-up visits by Lae staff to your FSC for additional on-the-job coaching and training. The quantity and duration of these visits will be determined by the needs of the facility balanced with the available at Lae FSC.

7. One member of the Lae FSC staff will be appointed as a liaison with the training site. This person will provide continuity throughout the process and will be present for all site visits.

This training is offered by MSF free of charge. The facility receiving the training will be responsible for costs associated with sending their staff to Lae, including transport, accommodation and living expenses. It is a unique opportunity for selected hospital staff to get intensive, hands-on training to develop the skills needed to provide care for survivors of family and sexual violence. MSF hopes that the National Department of Health, provincial hospitals and health facilities will take advantage of this opportunity.

For more information please contact msfh-png-medco@field.amsterdam.msf.org or call 675 323 5677

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