



# Thematic Briefing Child Sexual Abuse

December 2020

The 1-Tok Kaunselin Helpim Lain (Helpline) (715-08000) is a free, confidential phone counselling service providing information and support for anyone in Papua New Guinea experiencing family violence or sexual violence issues. Since 2017, the 1-Tok has received over 50,000 calls from all 22 Provinces in Papua New Guinea (PNG).

## In Brief

- Since mid-2017, 1-Tok has received calls related to child sexual abuse. The majority of these calls are not from survivors themselves but from witnesses to child sexual abuse, as survivors often lack access to technology or capacity to contact the helpline
- On average, 1-Tok receives around 26 calls per quarter in relation to child sexual abuse. Cases are increasing over the long-term, which may be as a result of greater awareness of the issue or the helpline, and anecdotally key direct line service providers are reporting an increase in prevalence.
- 40% of all child sexual abuse cases occur in the National Capital District, followed by Central (17%) and Morobe (8%). The rates in these provinces are high (not just in absolute terms, but also compared to the percentage of other cases in these provinces). This may represent more accessibility of the Helpline in urban areas as well as higher prevalence rates. However, there is limited data to validate this.
- Nearly half of all child sexual abuse cases are referred to the police, whilst some are referred to a range of support services (such as welfare services, counselling, and family support services). In some cases where there are not appropriate child focused supports referrals are made to informal services including community leaders.
- Child sexual abuse cases often overlap with a range of other protection issues, including child abuse, legal issues, safety issues, sexual violence, relationships, child welfare, and family violence.

## The Analysis

- This briefing is based on data from the 1-Tok Kaunselin Helpim Lain data systems, spanning the period July 2017 to June 2020. All cases within this period were considered for this analysis.
- The helpline data does not represent the prevalence rate of the issue in PNG. Even in contexts with resources and highly functioning referral pathways, under reporting is a persistent issue.
- Further data was not available at the time of analysis, such as referral from, precise breakdown of ages versus presenting issues, and other gaps which will be available in future analyses due to systems upgrading.

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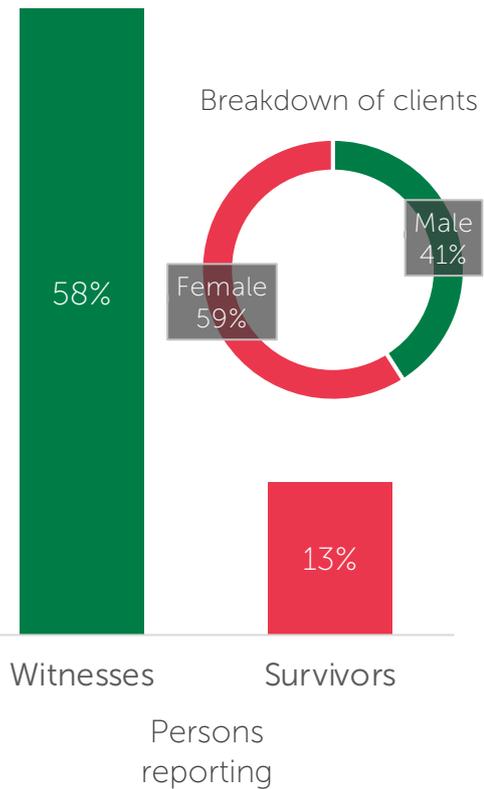
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## Who are we talking about?

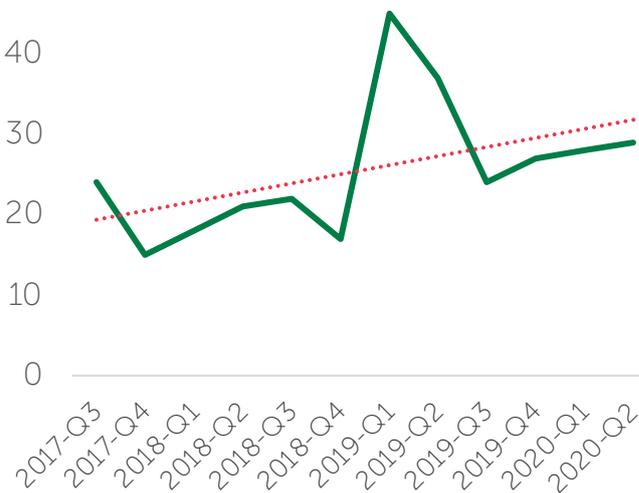
Child sexual abuse (CSA) affects both boys and girls. Our data shows that 59% of callers contacting about CSA report female children experiencing CSA, compared to 41% for males. Children are more vulnerable to sexual exploitation, abuse and harassment, and female children are at highest risk. The majority of reported cases is regarding children between 7-13 years old.

But CSA is rarely reported to 1-TOK by survivors. Often, it is reported by someone known to the survivor. 58% of cases to the helpline have been reported by witnesses calling on behalf of the client, whilst only 13% of cases are reported by survivors themselves. Those calling on behalf are primarily family members, community advocates, human rights defenders, or welfare services (as they often lack resources to respond to these cases). Often survivors don't have access to technology in order to report or are at an early developmental stage and have less capacity to report.

More awareness on the lasting impacts of CSA on children is needed with limited discourse on these issues. We also know that there is significant underreporting of this issue from both child survivors and family and community witnesses. CSA, like forms of GBV, is accepted and not always considered a crime, and not reported due to the stigma and shame associated. More data to verify why there are such low rates of reporting is needed, and child accessible awareness and reporting options are needed to support direct access to 1-Tok.



## How has the situation changed over time?



1-TOK responds to an average of 26 child sexual abuses per quarter – that equals more than 100 in a year. Whilst there is some clear fluctuation, the trendline (in red) shows an upward trend over time.

The upward trend reflects several considerations. Firstly, the upward trend could reflect a growing awareness about the helpline across Papua New Guinea. This would imply that there are likely to be many more cases that 1-TOK could be supporting survivors with. As a result, in order to respond to child sexual abuse, increased awareness of the helpline must be a key consideration to reach all populations affected by this issue.

The trend may also reflect growing prevalence, though more evidence from other partners would be needed to confirm this. It should be noted that cases have also increased as partners are increasingly referring cases to 1-TOK.

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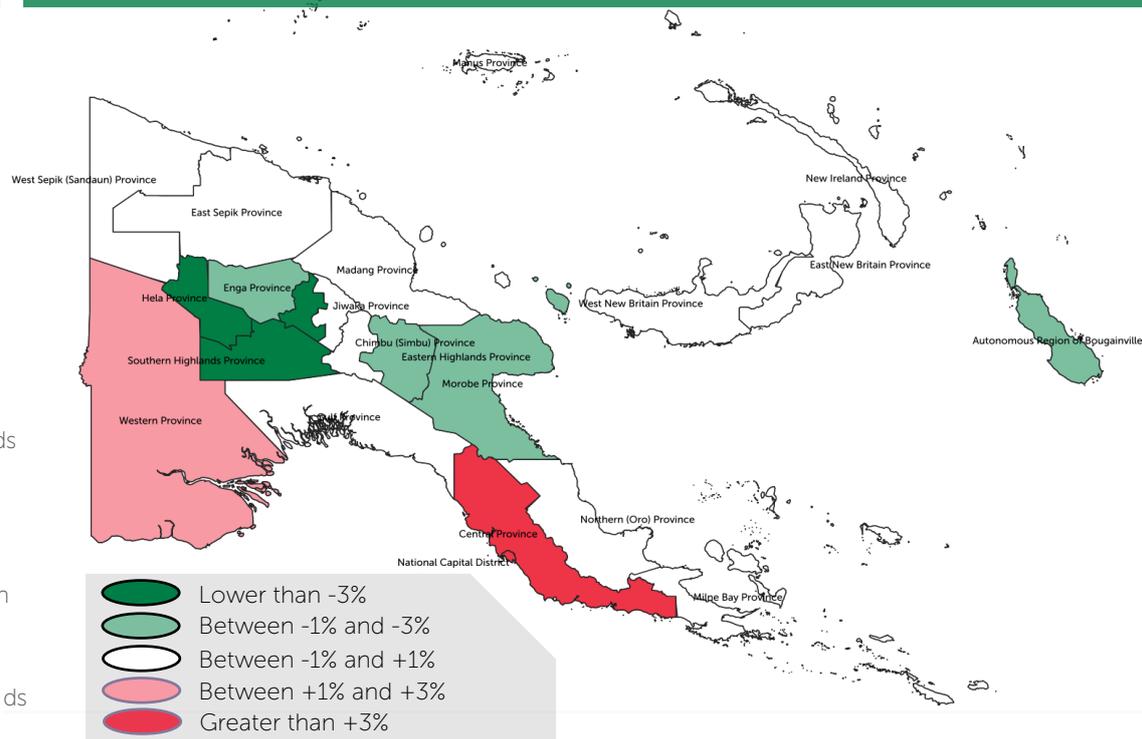
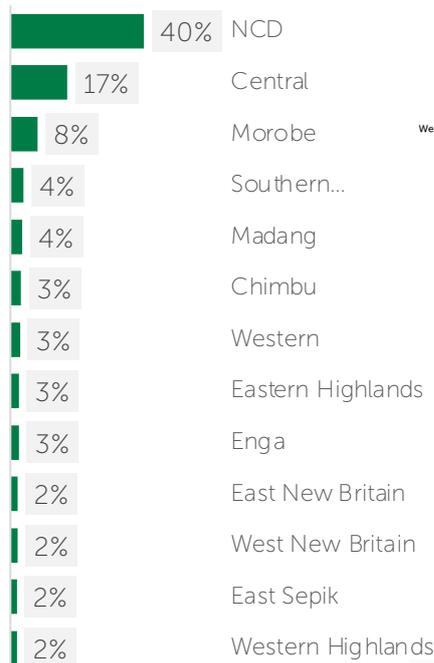


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## Where are cases reported?

Map shows % difference in Child Sexual Abuse cases distribution vs. all cases distribution. E.g. Hela accounts for 6.1% of all other cases, but only accounts for 1% of Child Sexual Abuse cases. Therefore, Hela is shown here as having a difference of -5.1%.



The National Capital District (NCD) represents the greatest percentage of calls regarding Child Sexual Abuse. 40 % of all reported child sexual abuse cases are from NCD, followed by 17 % from Central, 8% from Morobe, and all other provinces each represented less than 4% of the overall reported cases.

NCD has the highest proportion of callers as 1-TOK is most promoted NCD compared to other provinces. This contributes to greater awareness of 1-TOK and the availability of services on the ground.

However, this does not account for the difference in distribution between all cases and child sexual abuse cases. NCD accounts for 40% of child sexual abuse cases, versus 33% of all other cases, and Central accounts for 17% of child sexual abuse cases, versus 5% of all other cases. On the other hand, Hela (1% of CSA cases vs. 6% of all other cases), Southern Highlands (4% of CSA cases vs. 10% of all other cases), and the Western Highlands (2% of CSA cases vs. 5% of all other cases) all have a lower percentage of child sexual abuse cases than all other cases.

This might be explained by a higher prevalence rate in urban areas and/or greater awareness of the Helpline and reporting CSA. This is however, hard to validate and needs further exploration including more research into this issue in PNG coupled with more funding for awareness on service available in PNG including the 1-Tok Helpline.

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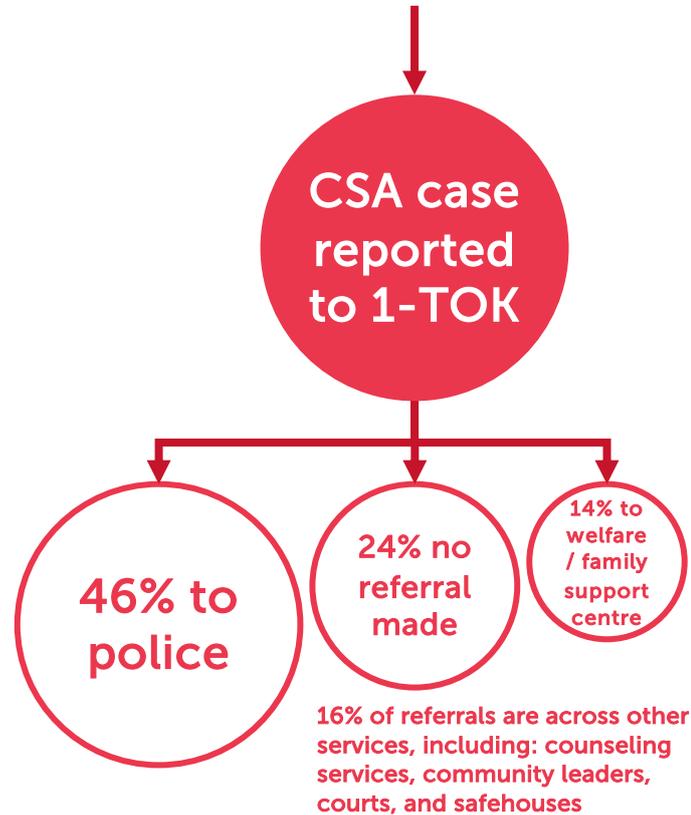
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## What are the referral pathways?

After receiving CSA cases 1-TOK refers cases to different services, dependent on the case. 46% of reported cases were referred to the police, followed by 14% to welfare and family support centres. Other referrals made include to counselling, community leaders, and safehouses amongst others.

Referral pathways are shaped by the services that are most readily and widely available. Police are almost present in all provinces and districts, are easily accessible to the 1-Tok when other service providers are not available and provide support including transport to medical services thus they are often the first point of entry. They are also often contacted to support access to justice when other services have already been engaged including health services. However, in 24% of cases, no referral is made. This is often due to some places in PNG having no formal services to make referrals to and instead callers are provided information about service options only, meaning no direct referral is made by the helpline.

Referral pathways for children in PNG are limited and need strengthening further as, this requires more funding for accessible services for children and for more community awareness on the rights of children.



## What are the overlaps between CSA and other issues?



CSA often overlaps with GBV in the household. The seven issues (on the left) are all issues reported at the same time as CSA in at least 10% of CSA cases that 1-TOK receives. These results suggest that CSA has a clear overlap with GBV and household violence.

In particular, if women are experiencing GBV then there is an increased risk that children are subjected to an unsafe environment where they are at a greater vulnerability of experiencing child abuse or CSA..

This shows the need for greater intersectionality when responding to GBV to ensure appropriate responses to CSA. Response services are not often adequately able to respond to children, and particularly for high-risk issues such as CSA. More trained services providers are needed to support this response. This includes at safe houses, hospitals, police etc. At 1-Tok some of the counsellors are trained in child counselling however, the need for face-to-face support of this kind is critical for child survivors.



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## Definitions of Overlapping issues

- 1 Child Abuse**
  - Physical, sexual or psychological abuse of a child by a parent or caregiver
- 2 Legal Issues**
  - Problems that require the mediation and intervention of police and the courts
- 3 Safety Issues**
  - The immediate safety of the survivor(s). Counsellors provide risk assessments and safety plans for survivors of high-risk cases
- 4 Sexual Violence**
  - Any act, attempted or threatened, that is sexual in nature and is done with force (physical, mental/emotional, or social) and without consent of survivor
- 5 Relationships**
  - Problems that the caller experiences from the relationship that they have. These can be with intimate, family, work, school, or social
- 6 Child Welfare**
  - Neglect of a child by a parent or caregiver.
- 7 Family Violence**
  - Where a person/survivor has been physically, sexually or emotionally harmed by another member or members of the family

## Key Messages

- Every child should have the opportunity to grow up in a family free from violence
- Girls and boys must be protected from all forms of violence and abuse. This includes physical, sexual and emotional abuse, neglect and harmful practices such as child marriage. Families, communities and authorities are responsible for ensuring this protection.
- Children need access to specialised referral pathways and child focused services. But there is a desperate need for resources and capacity building in the PNG welfare sector to support children experiencing child sexual abuse.

## For further information...

Contact: ChildFund Papua New Guinea P: +675 321 3213 / +675 323 2544

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