

MANAGEMENT of CHILD ABUSE CASES OVER A 5 YEAR PERIOD AT SJNM KUNDIAWA GENERAL HOSPITAL.



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Introduction

- FSC has been established along side with the hospitals because child abuse is a silent epidemic.
- FSC in SJNM Kundiawa Hospital is the Provincial Centre addressing GBV for 11 years, providing medical and social support services to victims of sexual, physical and emotional abuses.
- Services - psychological first aid,
 - medical first aid,
 - Para legal advice,
 - case management and referral
- Expend its services as psychotherapy clinic
 - child friendly environment
- Successful prosecution of perpetrators is still a challenge in Simbu.
- The management of cases and outcomes in the last 5 years will

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Definition of child abuse

- Refer to any form of maltreatment, physical, sexual or psychological by an adult

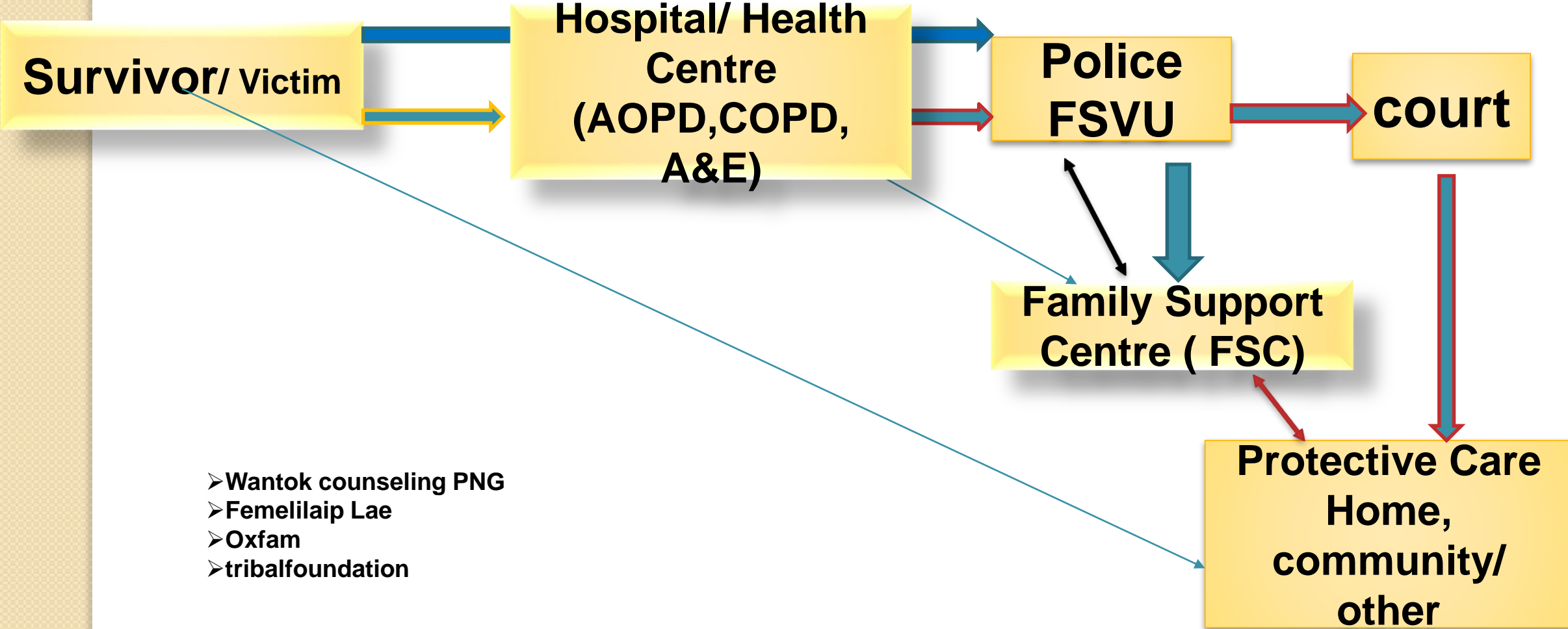
Objective

- holistic and comprehensive support and services provided to survivors/victims of GBV, **free medical care, psychological support, protective care, and legal services** (Para legal advice), Clinical Practice Guidelines - NDOH - 2014.

Net working partners

- Police, village court magistrate , district court, community development , churches, Juvenile justice, and community leaders/councilors ,

Referral Pathway-Entry Point



- Wantok counseling PNG
- Femelilaip Lae
- Oxfam
- tribalfoundation

Kundiawa Hospital FSC statistic from 2015-2019 - 5 year period

- Total No. of Adult = 749
- Total No. of Child abuse Victims = 147
(average 30 cases/year)

Age Distribution

0-5 years = 90 (61 %)

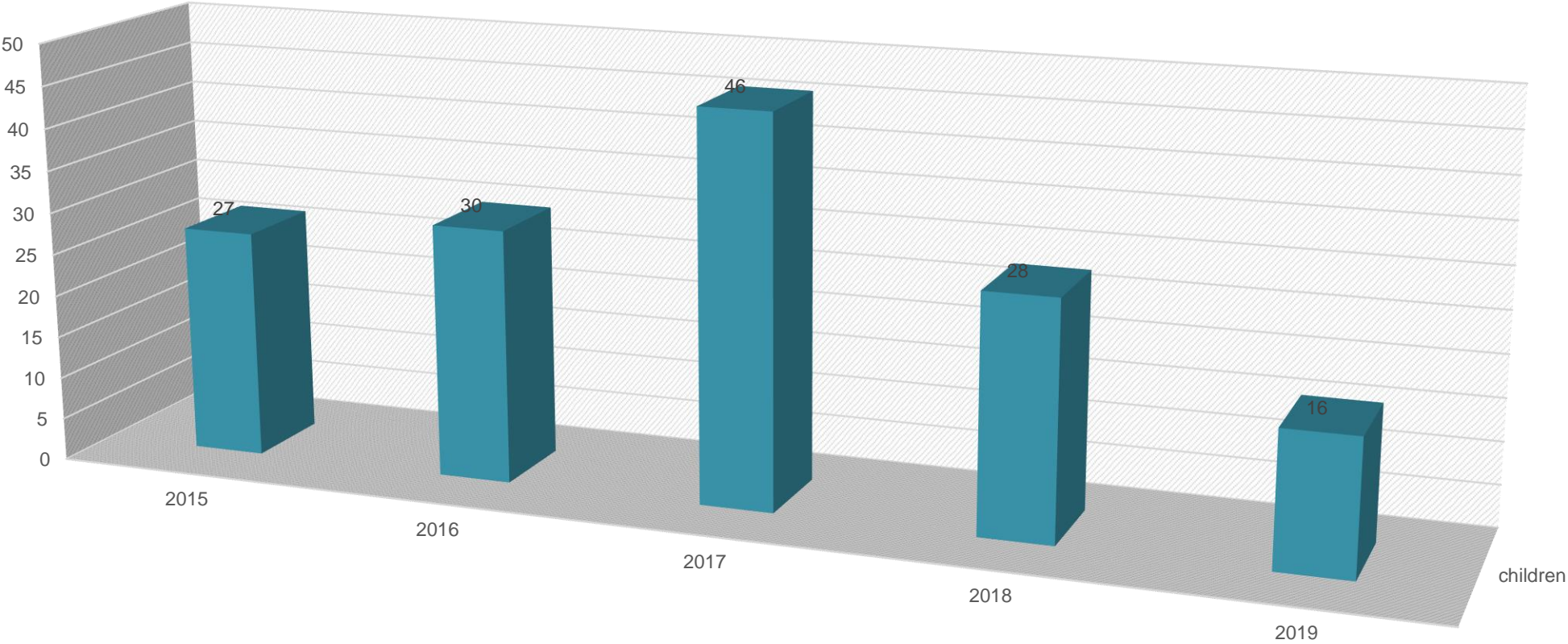
5-10 yrs. = 40 (27 %)

10-15 yrs. = 17 (12%)

Yearly distribution

Years	children
2015	27-
2016	30-
2017	46-
2018	28
2019	16

children yearly distribution





SEX Distribution

Male = 5

(3%)

Female = 142

(97%)



Type of Abuse

Sexual	105/147	71
%		

Physical	37/147	25
%		

Psychological	5 /147	3
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OUTCOME

Reported to Police	147/147	100
%		
National Court	2/147	1 %
Out of Court Settlement	30/147	20
%		
Dropped cases	113/147	78

Cont:

- According to the current data in Kundiawa FSC, Sexual abuse is on the rise.
- Most of this cases are within family members (cousins, uncle) neighbor or someone living under the same roof.
- a good number of the victims are elementary /primary school children

Challenges for Service Providers

- Lack of man power/ Logistic
- Geographical impediment
- Most cases not reported
- Transport
- Financial Support
- Communication problem

Recommendations

1. Clinicians in frontline of health facilities to have a high index of suspicion of child abuse on presentations where history is inconsistent with examination.
2. PHR report – to include FSC statistics
3. Raise concern to police to improve –prosecution of perpetrators and discourage out of court settlement
4. 5. awareness of child abuse to Elementary/primary schools.
5. Revive Provincial fsv committee in the province
6. Social workers to be employed in every hospital FSC settings

Conclusion

1. All forms of Child Abuse a silent epidemic
 2. Currently Under reported in PNG
 3. Successful prosecution of perpetrators is a challenge currently in Simbu and need to be corrected
 4. Referral pathway and management of survivors in the hospital is sufficient but cooperation with the networking partner is unsatisfactory.
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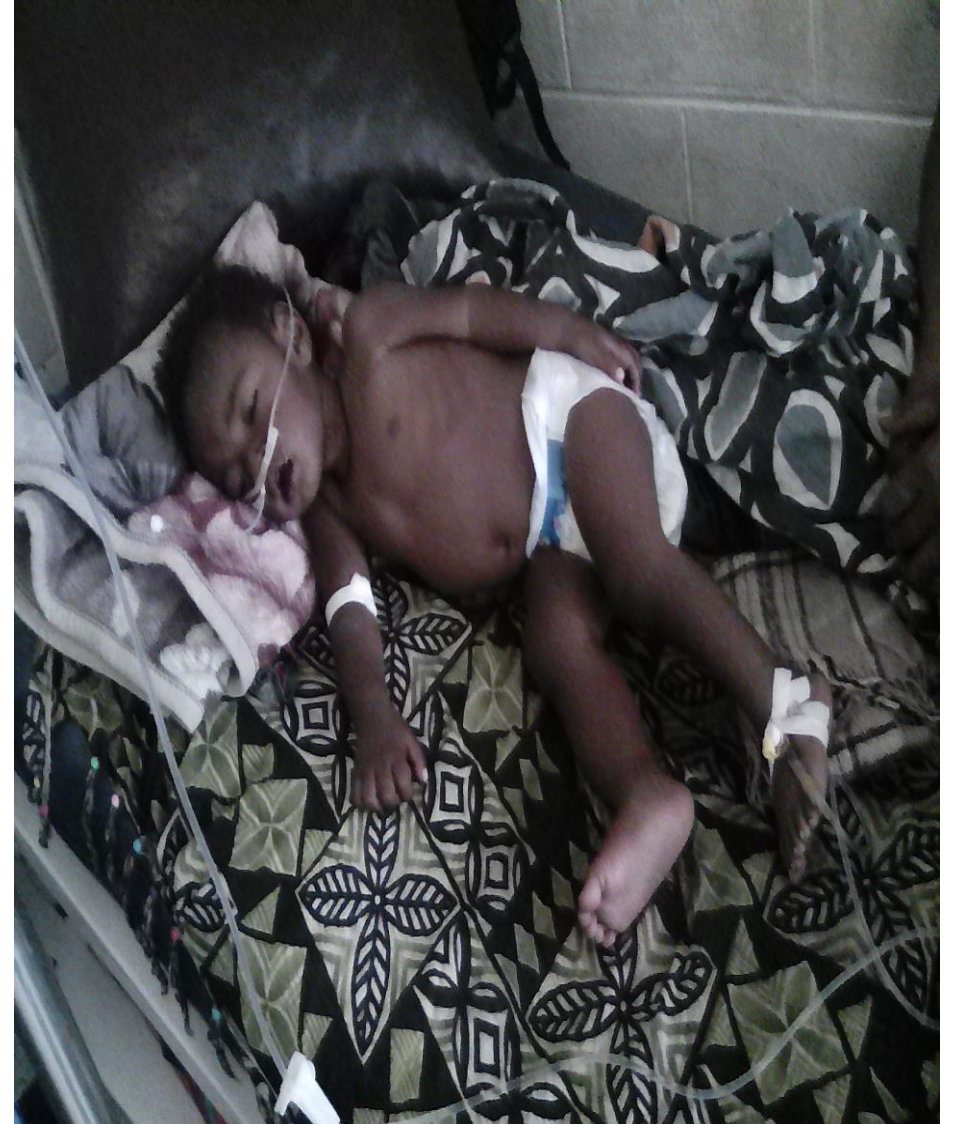
M/10- Hot water burn



f/8/12- punched by father



F/9/12 neglect



M/12 BKW from a Head teacher



HUMAN TRAFFICING



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Village court





A case of Acute on chronic physical child abuse





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Family Support Centre – Friendly user settings

CHILD FRIENDLY ENVIRONMENT @FSC





Acknowledgement

1. Staff FSC Kundiawa hospital
2. Kundiawa Police FSVU
3. Court
4. Education
5. Welfare
6. Medical staff= report

Thank you Pediatric society of PNG and the organizers of the pediatric symposium for given the opportunity to make this presentation today.

• **THANK YOU**





References

- National Practice Guidelines for Medical and psychological care and support of survivors of Family and sexual violence in PNG, NDOH 2014
- Luakautim Pikinini Act 2015
- Pediatrics for Doctors in PNG , F.Shann, J.Biddulph, J.Vince