

The way of the Isa – rural sexual assault service delivery

Kaye Byrnes, Mount Isa District Health Service

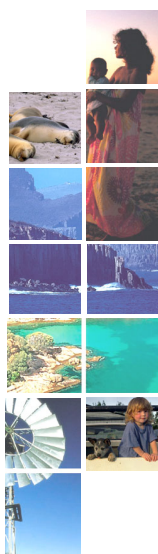
In June 2000, the Mount Isa District Health Service (MIDHS) was successful in obtaining “New Initiatives” funding from Queensland Health’s Statewide and Non-government Health Services Program to improve the health district’s response to victims of recent sexual assault. Funding was allocated to five health districts across the State. In January 2001 the MIDHS employed a full-time social worker to establish and co-ordinate the only sexual assault service in north-west Queensland. This position is the only sole sexual assault social work position based within a Queensland hospital to date.

This pilot funding was designed to improve each health district’s acute response to sexual violence in an attempt to reduce the effects of trauma and health sequelae associated with sexual violence against adult females. QH identified that early intervention will be an efficient cost minimising strategy as it would provide more effective long term outcomes for victims of sexual violence.

Traditionally, sexual assault services in Queensland have been provided by community managed information, counselling and referral services which are funded through Queensland Health’s Sexual Assault Support and Prevention Programs (SASSP). New Initiatives funding has enabled the MIDHS to develop and provide an acute service that is client focused and practical for the Mount Isa community and district.

The Mount Isa Sexual Assault Service (MISAS) has developed considerably over the past 18 months to encompass a client focused, social model of health, maximising choice and providing a more holistic and co-ordinated model of service. The Service, which operates from the Mount Isa Hospital, offers confidential medical and forensic examinations, counselling, information, court support and community education. Strong relationships have been developed with personnel from the Queensland Police Service (QPS), Education Queensland (EQ) and Queensland Health (QH), which has significantly enhanced the District’s response to victims of recent sexual assault. Additionally these local relationships have assisted in the endorsement of new state-wide Interagency Guidelines for Adult Victims of Sexual Assault, which outline a co-ordinated response for QH, QPS and Department of Public Prosecutions (DPP) to women who have experienced recent sexual assault.

This paper will explore our local model of service delivery, which provides a sexual assault service to 10 hospitals/health clinics throughout our geographically large rural and remote health district. It will explore issues such as high staff turnover, working with Indigenous communities, the provision of outreach services, cost-saving measures and internal and inter-sectoral education practices.



LOCAL DEMOGRAPHICS

The MIDHS provides health services to north-west Queensland, with the mining town of Mount Isa, being the largest town within the MIDHS. The MIDHS encompasses approximately 380 000 square kilometres. The MIDHS has an estimated resident population of 31 120, with an Indigenous population of approximately 7705 (21% compared to state average of 2.9%).

The 10 health facilities within the MIDHS include:

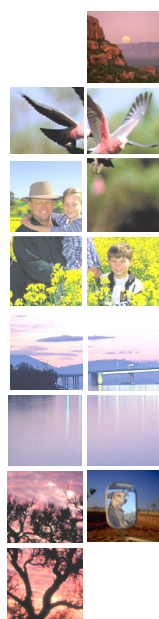
- Burketown Health Centre
- Camooweal Health centre
- Cloncurry Health Centre
- Dajarra Health centre
- Doomadgee Hospital
- Julia Creek Hospital
- Karumba Health Centre
- Mornington Island Hospital
- Mount Isa Hospital
- Normanton Hospital.

Mount Isa Hospital co-ordinates medical and allied health outreach services to these outlying facilities. Mount Isa Hospital receives specialist outreach services from the Townsville District Health Service.

HISTORY OF PROJECT

Prior to the establishment of the MIDHS sexual assault social work position, the Mount Isa Hospital Emergency Department primarily responded to acute sexual assault presentations. While the Emergency Department provided a sensitive service to people who have experienced sexual assault, it operated from a strong medical framework. The Emergency Department was primarily focused on the provision of a forensic service rather than the provision of holistic health care to the patient. Furthermore, this response was primarily a result of the efforts of particular staff members as opposed to an overall commitment from the MIDHS through the Emergency Department to provide a sensitive, confidential, timely and co-ordinated response to individuals who have been sexually assaulted. Conflictual relationships developed between the local Police and Emergency Department due to inconsistencies in responses by both QH and QPS, and a lack of awareness between QH and QPS regarding their role/s in responding to individuals who have been sexually assaulted.

The provision of specialised services for women who have experienced sexual assault, and community education addressing the prevention of violence against women was non-existent in the north-west Queensland prior to the MIDHS receiving “New



Initiatives" funding. The development of the MISAS is intended to meet a number of outcomes:

- building a pool of trained and sensitive health staff in the MIDHS to work with women in the acute (medical, forensic and counselling) phase post rape and sexual assault
- support the MIDHS to meet some costs regarding the provision of acute (medical and counselling) services for victims of sexual assault
- fund the development of community awareness programs identifying that violence is unacceptable with a particular emphasis on the prevention of violence against women (*Statewide and Non-government Health Services Unit, 1999*)

The "New Initiatives" funding guidelines stipulated that the MISAS client focus should be adult female victims of sexual violence, with particular emphasis placed on the following target groups identified as high need:

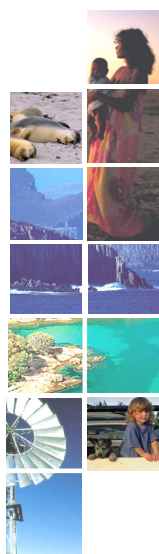
- women (15years and over)
- Indigenous women
- women from remote communities
- victims of recent sexual assault (within 72 hours) (*Statewide and Non-government Health Services Unit, 2001*)

The original funding allocation for the MIDHS was determined at \$70 060, which was to include:

after-hours medical officer	6 720
on-call costs for medical officer	29 000
after-hours social worker	2 580
on-call costs for social worker	5 948
0.5 FTE community health education officer	25 812
Total	\$70 060

However the MIDHS proposed and implemented an alternative model of sexual assault service delivery. The health district employed a full-time social worker to establish and co-ordinate the sexual assault service. This model located the sexual assault social work position within the Mount Isa Hospital Social Work Department, with lines of accountability (professional and operational) to both the Senior Social Worker and Director of Emergency Department. The Emergency Department continues to provide the acute medical/forensic response through the provision of medical officers and nurses to conduct the appropriate examinations.

The Social Work Department at the Mount Isa Hospital consists of a Senior Social Worker (PO4), Outreach Social Worker (PO2/3), Sexual Assault Worker (PO3), two Aboriginal Liaison Officers (003) and a Palliative Care Aboriginal Liaison Officer (003).



MODEL OF SERVICE DELIVERY

The MIDHS sexual assault social work position has 6 primary responsibilities as outlined below:

- the co-ordination of a 24-hour acute service (counselling, medical, forensic)
- the co-ordination and provision of a counselling and support service
- the co-ordination and provision of a sexual assault outreach service
- education and training
- police/court support
- policy development and implementation.

Acute service

The acute service encompasses the co-ordination and provision of a 24-hour counselling-led crisis service to both women and men, including

- medical examinations
- forensic examinations
- crisis counselling, information and support.

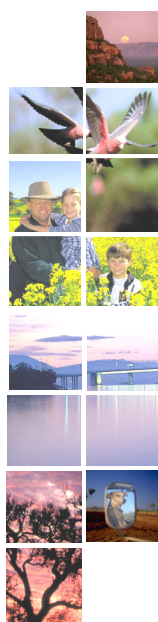
The provision of a 24-hour on-call service for people who have been recently sexually assaulted became possible through utilising the pre-existing MIDHS Social Work Department on-call service. This established on-call service provides a crisis service for individuals and their families dealing with death and major trauma. The on-call system is currently shared between the Mount Isa Hospital social workers and the sexual assault social worker through a rotating on-call roster.

The benefits of this on-call after-hours set up are three-fold:

- firstly, the sexual assault social worker continues to develop and utilise their skills in generic crisis intervention
- secondly, the sexual assault social work position is not solely associated with sexual assault, therefore improving client confidentiality
- thirdly, it is a cost-saving measure as the sexual assault budget is only expending for on-call one week in every three. Additionally, as the sexual assault social worker is a sole position, it was not feasible for one position to provide a 24-hour on-call service.

This after-hours on-call service also enables the provision of an information and support service for people who have experienced sexual violence in the outlying communities within the MIDHS.

The development of the Mount Isa Hospital Sexual Assault Suite, which includes a counselling room and a clinical examination room, has maximised choice and control



for people who have experienced sexual violence. It has enabled the service to provide a forensic response without initial Police involvement for people who are undecided about making a complaint to the Police. The MISAS has the capacity to conduct forensic examinations and store forensic evidence until the individual makes a decision regarding notifying the police of the alleged offence.

Counselling and support service

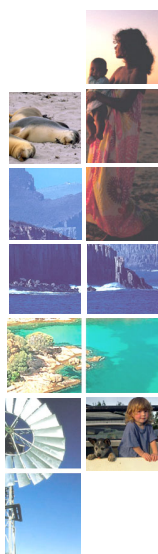
The MISAS provides crisis counselling, support and information to individuals who have experienced recent sexual assault. While the allocated funding is for the provision of counselling services to adult women, the service also provides short term counselling to male victims of recent sexual assault. There are currently no community based counselling services for people who have experienced sexual violence and reside in the outlying communities within the MIDHS, other than toll free telephone counselling services such as Lifeline Telephone Counselling Service.

To enhance confidentiality within the hospital environment, client notes are filed in a separate Sexual Assault Service chart, which is kept within the Social Work Department.

Education and training

A considerable amount of time is committed towards education and training within the MIDHS. Local initiatives include:

- secondary school education from Grade 8-12. Topics covered include “Safe Relationships”, date rape, drink spiking, sexual harassment and sexual violence
- ongoing training for medical officers, nurses, health workers and social workers on the use of the Sexual Assault Investigation Kit (SAIK) required to conduct forensic sexual assault examinations
- facilitation of MIDHS medical officers to attend specialised government medical officer (GMO) sexual assault training in Brisbane at no cost to the MIDHS
- facilitation of specialist training for MIDHS medical officers and nurses run locally by the government medical office – Brisbane, regarding responding to victims of recent sexual assault
- local joint training with QPS – Mount Isa Division for the First Year Constable (FYC) program. Mandatory training is to be undertaken prior to FYC confirmation
- provision of local inservices to Mount Isa Criminal Investigation Bureau (CIB) regarding service delivery model and improving local co-ordination between QH and the QPS. Attendance at QPS Regional Officer-In-Charge (OIC) meetings to promote the service, its role within QH and strategies on working together locally, including the endorsement of the new state-wide Sexual Assault Interagency Guidelines (QH, QPS, DPP)
- working collaboratively with the School Based Police Officer and School Based Youth Health Nurse to facilitate education within secondary schools regarding sexual violence



- development of service information brochures regarding the effects of, and coping with, sexual assault
- development of a Sexual Assault Response Manual for outlying hospitals and health clinics within the MIDHS. Information in this manual includes
 - local sexual assault policies and procedures
 - “tip sheet” for medical officers conducting medical/forensic sexual assault examinations
 - a guide for nursing/medical staff on how to conduct a debriefing session with individuals who have been sexually assaulted
 - state-wide Sexual Assault Interagency Guidelines
 - information regarding the medical management of victims of recent sexual assault
 - information brochures on the effects of, and coping with, sexual assault.

Police and court support

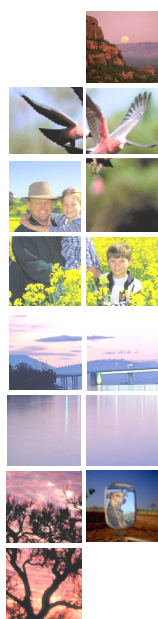
Respectful and collaborative working relationships with Mount Isa CIB have enabled our local response to sexual assault to be much more co-ordinated and supportive. Support from the MIDHS has allowed for flexibility within the sexual assault social work position, enabling the provision of a holistic support service to victims. This includes the ability to support clients while they provide a statement to the Police, court preparation and support, ongoing liaison with the Department of Public Prosecutions Victim Support Officer and Mount Isa CIB to assist, support and maintain our client in the legal system.

Outreach services

As the sole sexual assault social worker for north-west Queensland, and with no allocated funds in the budget to provide outreach sexual assault services, the provision of outreach services within the MIDHS has required significant creativity and flexibility.

The primary purpose of sexual assault outreach services is to equip local communities to respond appropriately and effectively to people who have been recently sexually assaulted. This is achieved through regular staff (medical officers, nurses, health workers) education and training, and the development of clear and concise local policies and procedures. The 24-hour on-call service is a valuable support and information mechanism in terms of assisting (if required) local workers in the outlying communities through the most appropriate intervention. It is also utilised to provide crisis counselling, support and information to people who have been sexually assaulted over the telephone.

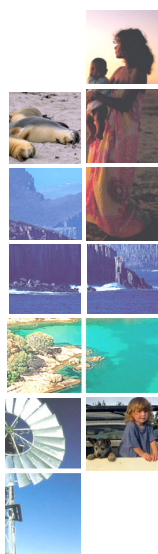
The sexual assault social worker travels to each outlying community once every three months to provide training on conducting medical/forensic sexual assault examinations and their local policies/procedures on responding to sexual assault and



supporting victims of sexual assault. This frequency of education/training outreach visit is necessary to respond to the high and rapid staff turnover in these communities. Additionally, it provides an opportunity to have direct client contact and provide specialist social work interventions if required, liaise with local police about court progress and offer support/information to local staff. This opportunity is also used to provide local inservices to police and build local relationships between QH and QPS. The sexual assault worker regularly facilitates joint training with local police for QH staff regarding responding people who have been recently sexually assault in an attempt to provide a more co-ordinated response from both departments to improve outcomes for the victim in the outlying communities. Outreach services are also available on an individual needs basis if required.

Policy development and implementation

It is the responsibility of the sexual assault social worker to develop policies and procedures for responding to recent sexual assaults in all health facilities within in the outlying communities of the MIDHS. Policy development for all QH facilities within the MIDHS became an obvious identified priority given the high incidence of sexual violence in the remote communities surrounding Mount Isa. Such policies were developed collaboratively with the local police and QH staff to provide a more co-ordinated response by both departments in each community. There was an existing policy on sexual assault located in the Emergency Department at Mount Isa Hospital, however this required updating to reflect the new state-wide Sexual Assault Interagency Guidelines and the MIDHS counselling led response to sexual assault. The policy needed to ensure a sustainable and consistent response for the Mount Isa Hospital Emergency Department in responding to sexual assault as opposed to relying on the dedication and enthusiasm of particular staff members in the Emergency Department at the time. Another important function of the sexual assault social work position is to ensure the implementation of policies and procedures, enforcing, monitoring and regularly reviewing such practices.



COST-SAVING MEASURES

Two primary cost-saving measures resulting from the allocation of “New Initiatives” funding to the MIDHS are in the location of the sexual assault social work position and the provision of outreach services within the MIDHS.

Location of sexual assault social work position

- Ability to utilise existing social work after-hours on-call service to provide a 24-hour counselling led response to victims of recent sexual assault.
- Ability to develop a close working relationship with designated outreach social worker (liaison, referral, client follow-up and support)
- Senior social worker oversees budget management – all departmental administrative costs are shared by all budgets within the department.



- Access to part-time administrative officer attached to the Social Work Department.
- Direct access to additional departmental therapeutic resources.

Provision of outreach services

Travel

Costs are reduced by sharing expenses associated with charter flights with the following services:

- Flying Surgeon Service (1 day per month)
- Flying Obstetrics and Gynaecology Service (1 day per month)
- Royal Flying Doctor Service
- QH Allied Health (outreach) Charter Flights
- North West Queensland Allied Health Service (North QLD Rural Division of General Practitioners)

Accommodation

- QLD Health accommodation on site at no cost.
- Access to office or alternative facilities for counselling, family meetings, education/training etc.

Administration

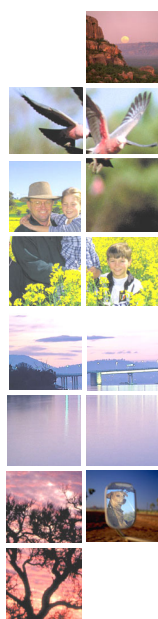
- Access to QLD health facilities such as telephones, computers and vehicles.
- Direct access to/assistance from Aboriginal health workers in the communities.

BENEFITS AND BARRIERS

The MISAS continues to be reviewed on a regular basis from both the MIDHS and QH Corporate Office. Of significant importance is to ascertain whether the funding is more effective in a community-based, non-government service or locating the money within a health district such as the MIDHS. To date, the benefits appear to significantly outweigh the barriers for effective sexual assault service provision in north-west Queensland.

Benefits

- Mount Isa Hospital provides a comprehensive medical, forensic, counselling, support and information service (improved continuity of care) both locally and across the MIDHS.
- The MISAS can provide a comprehensive 24-hr on-call service to people who have been recently sexually assaulted within the MIDHS (additional access to an on-call budget and staff).

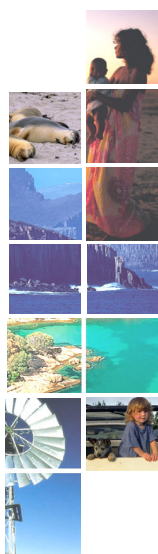


- Direct involvement in policy/procedure development for the MIDHS providing consistency across all health facilities within the MIDHS.
- Provides an opportunity to develop collaborative working relationships with the Mount Isa District Police Service.
- Direct access/assistance from Queensland Health Aboriginal liaison officers/health workers.
- Facilitate and enforce Health Service District training for medical officers, nurses, social workers and health workers on responding to acute sexual assault presentations.
- Reduced costs associated with administration, vehicles, rent, travel (outreach) and on-call services due to shared Social Work Department administration, vehicles and human resources.

Barriers

- Access issues – clinical hospital environment versus client friendly community location.
- Confidentiality – more people employed in a hospital than a community based counselling service.
- Outreach – intermittent fly-in/fly-out not ideal to address such a sensitive issue.
- Possible budget absorption by the health district if the entire budget is not utilised.
- Less autonomy over service delivery and budget expenditure due to the hospital hierarchy.

In conclusion, the provision of effective, holistic and appropriate sexual assault services in rural and remote regions is complex given the large geographical area, isolation, cultural diversity, limited resources and services, high staff turnover, confidentiality issues and the sensitive nature of sexual assault. The challenge remains how to provide the most effective model of service delivery to our local rural communities. “New Initiatives” funding has provided the MIDHS with the opportunity to establish a sustainable sexual assault service that provides a holistic approach to care, incorporating both a clinical and community framework. Subsequently, this has enabled the provision a counselling led, co-ordinated and specialised model of sexual assault service delivery, improving continuity of care for people who have been sexually assaulted within the MIDHS.



PRESENTER

Kaye Byrnes is a Social Worker and has been employed as the Sexual Assault Social Worker for the Mount Isa Health Service District since January 2001. This position has required establishing a new pilot-funded service in the region and co-ordinating the service as the sole Sexual Assault Worker for north-west Queensland. Prior to this position, she has worked in areas such as Child and Youth Mental Health, Domestic Violence Refuge Work and hospital-based/outreach social work.

She has strong interests in rural and remote health care, particularly in the area of women's health and well-being. Kaye values the experiences she has gained working in rural settings attributed to community dynamics and invaluable networks, which are prominent in rural areas. Kaye continues to be motivated by the many challenges faced working within rural communities, particularly in the area of sexual violence.

