

Mapping health sector and interagency protocols on sexual assault

LIZ OLLE

In response to broad enquiry from sexual assault services around Australia, this paper looks at the range of formal health sector protocols that currently exist to guide service responses to victim/survivors of sexual assault, throughout Australia's different states and territories. The specific protocols reviewed here tend to be those that guide interaction between medical, counselling and police services who respond to sexual assault in terms of crisis care and, sometimes, beyond.

Protocols between agencies that provide services to victim/survivors of sexual assault have been developed only recently and largely independently of each other around Australia. National service associations and national conferences have resulted in substantial information sharing between state and territory agencies in the development of protocols and practices, but essentially each region has tended to develop separate frameworks. As each state and territory seeks to understand the effectiveness of their responses to sexual assault, there is reason to look across borders to see how others have evolved and how effectively they have been implemented on the ground. Questions about the current status of interagency working relationships, levels of training and approaches to evaluation also arise. More importantly, there is the question of whether the existing protocols adequately respond to the often complex health care and support needs of women, children and men who experience sexual assault.

This paper aims to provide a point of departure for agencies to begin to contemplate these issues. It will enable service providers and policy makers to consider the kinds of models or approaches that currently exist to meet the needs of victim/survivors, and the nature of, and/or responses to closing any gaps in service provision.

Two central questions form the lens through which these protocols are reviewed. First, what parallels and divergences exist between states and territories; and second, how well do the protocols sit within agency responses in view of the burgeoning understanding of the significant and

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The Australian Centre for the Study of Sexual Assault aims to improve access to current information on sexual assault in order to assist policy makers and other interested in this area to develop evidence-based strategies to prevent, respond to, and ultimately reduce the incidence of sexual assault.

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potentially chronic health impacts of sexual assault. In this context, the available information has been supplemented by speaking directly to a small number of service providers, particularly those working in regional areas, to explore whether the existing protocols have been relevant or easily adapted to localised areas. This direct communication with service providers certainly provided "flesh to the bones" of understanding how variously the protocols worked in practice, and the degree to which they could still operate effectively when challenged by the particular circumstances of local communities.

There are three main sections to this paper. The parameters of the review are outlined first before going on to examine the historical development of protocols designed to guide a medico or health-care response to sexual assault. The second section of the paper outlines some of the more significant conceptual and political influences on the development of existing protocols. The significance of the push by women's services throughout the 1980s in Australia, to ensure that victim/survivor-informed perspectives were central to any systems' reform particularly in terms of approaches to forensic care, or in improving the police response, is given particular emphasis.

A snapshot view of the protocols that currently exist in each state and territory is then provided. Two of these protocols – those in Melbourne (Victoria) and Townsville (Queensland) – are explored in detail to illustrate the different historical, political and regional contexts that inform the development, content and effectiveness of inter-agency protocols on service provision.

The last section discusses the efficacy of the protocols against a growing body of empirical research that reveals serious and long-term health impacts and consequences of sexual assault and other forms of gender-based violence. The future (re-)design of interagency sexual assault protocols will need to move "beyond crisis care" to more fully integrate the longer-term health needs of victims in the light of this knowledge.