

Sexual Assault Team Family Planning Queensland, Cairns

INTERVIEW CONDUCTED BY CAMERON BOYD

Sexual Assault support worker and educator Rowena Harper gives a snapshot of the unique challenges of providing a sexual assault counselling and prevention service to the diverse communities that make up Far North Queensland. Rowena spoke with ACSSA Research Officer Cameron Boyd in preparing this article.

ACSSA: What is the history of the sexual assault service being attached to a Family Planning Queensland clinic and education service? Is this unique to Cairns?

Rowena Harper (RH): The sexual assault service in Cairns is located in a unique context. The Cairns program used to exist as a stand-alone rape crisis organisation. About eight years ago Queensland Health put out a tender for the provision of sexual assault services, and Family Planning Queensland (FPQ) was successful in obtaining funding for its model. FPQ is traditionally a provider of, and advocate for, sexual and reproductive health and education services, so was in a position to provide complementary services to survivors and to those at risk of sexual assault—including continuing medical care, and a range of prevention/early intervention/education options. Ours is the only region in Queensland that operates in a multi-disciplinary team like this—most other sexual assault services are either located as stand-alone organisations, or are acute services within Queensland Health.

ACSSA: What client groups does the service work with?

RH: In Cairns we now have funding to provide sexual assault services for women over the age of 15, and children up to the age of 18 who have been sexually assaulted at any time in their life. We also operate a 24-hour acute sexual assault support system, so there's a continuity of care in follow-up after an acute assault. Our education program also works with school communities and other community groups to spread the education and prevention message.

ACSSA: What kinds of opportunity are presented by the sexual assault team being located within Family Planning Queensland?

RH: The obvious benefit of working closely with a clinic that specialises in sexual and reproductive health is having immediate referral access to a team of very knowledgeable and understanding practitioners. Although forensic examinations are not conducted by our staff (yet!), any follow-up and ongoing medical care for immediate and long-term effects of sexual assault can all be carried out in-house.

The sexual assault counselling programs also have access to a strong education and training team. Sometimes people don't seem to make the link between sexuality education or sexual health promotion and sexual assault prevention/intervention. We're lucky to be able to draw on about 30 years of sexual health experience, knowledge and research in promoting healthy sexuality from birth throughout life. It's like encouraging self-protection skills and healthy and ethical relationships at every age and developmental level.

The combination of services allows us to provide a broad spectrum of care, with different people being able to contribute to different areas according to their strengths (as opposed to some places with limited staff to call on, where everyone is required to do a bit of everything). So, in terms of service provision, our sexual assault team generally concentrates on providing therapy and support for individuals and groups, information, advocacy and community development work, and links in with our education program for community education, awareness raising, health promotion and much of the training and workforce development side of things.

ACSSA: Can you describe the geography of the area your service covers? Far North Queensland is a big place, with an extremely diverse range of communities and environments. What are the challenges involved in providing a service to such a vast and complex area?

RH: It's difficult to define our geographic area in a simple way. We're funded from several different sources for different services. We're funded to provide sexual assault services for adult females basically from Cardwell (about 2 hours south of Cairns) to what used to be the Douglas Shire (about another 2 hours north of us). The western area (the Tablelands) has its own sexual assault service. Aside from a designated position within Qld Health in Weipa, there is no specifically funded sexual assault service in the Cape. In terms of child

services our geographic area is smaller, covering Mossman/Port Douglas and Cairns areas. In education, however, we cover Cardwell to the Torres Strait. So it's all quite varied and sometimes confusing—especially in places where no other services exist.

So over all, we cover all the “R’s”—regional, rural and remote—in some way or another. How do we do it? It is an ongoing challenge. We’ve tried out different ways of providing services to outlying areas over the years. Sometimes we’ve had staff flown up to respond to remote areas, and sometimes clients have been flown down. We’ve worked with services like the Royal Flying Doctors Service and others who have more constant presence in some remote communities. We’ve provided outreach where possible on a regular basis, and currently have a worker situated in the Douglas Shire area, which covers some largely Indigenous communities (such as in and around Mossman) as well as the big tourist attraction of Port Douglas. So even within about 15 minutes of driving we can sometimes be immersed in very different contexts.

It’s very difficult to know what the most effective mix of services is and how best to provide them to such a vast geographical area that incorporates so many different environments and communities. We acknowledge that physically we don’t have the capacity to cover it, and also that we’re not necessarily the best people placed to know what is needed in so many different places. So the direction we’re heading in is one of capacity building. We’re always on the lookout for ways we can link in with others who are already working or living in other areas to support the development of skills, knowledge and confidence in dealing with sexual assault and sexual health in any way we can. It makes far more sense to equip people who are already there to respond to their own community issues than to have a stranger walk in and try and coax a response.

ACSSA: Can you tell us about some recent examples of this “community capacity-building” approach?

RH: Some of the ways we’ve responded so far this year, that are a little outside of usual service provision, have revolved around health promotion. Last year clinic, sexual assault and education teams worked together on a pilot project to build the capacity of Indigenous health workers in Hopevale (a small community near Cooktown, about 4–5 hours drive from Cairns) to respond to sexual health issues in their community. This stemmed from requests from local clinic staff for information and training around sexual and reproductive health issues. Further consultation with workers in the community resulted in putting together a more comprehensive series of workshops that covered sexual health, health promotion and sexual assault issues. It then formed the basis of a funding application to the Rio Tinto Aboriginal Fund to roll out training for Indigenous health workers in Aboriginal Medical Services around the state over the next three years. We ran the first round of funded workshops in March this year here in Cairns with ten health workers, covering areas of clinical sexual and reproductive health care, health promotion, recognising and responding to sexualised behaviours in children, and sexual assault responses with adults. The feedback was really encouraging, and we’ll continue to provide follow-up support to participants as well as roll out the next couple of workshop rounds.

A completely different project that evolved earlier this year, was carried out by our sexual assault counsellor based in Port Douglas. Each year Port Douglas hosts the “Reef and Rainforest Carnivale”—a local festival involving various activities such as a circus, fireworks, a lavish street parade, food and wine tasting, live music/dancing, fashion parades, sporting interests and displays of fine arts. Previous years’ involvement in promoting safe festivities prompted our worker to highlight the issue of sexual assault and healthy, safe sexuality in what became the “Consent is...” campaign. The idea was to highlight healthy sexuality and relationships rather than to focus on sexual violence; and thus fit into the atmosphere and intent of the festival. The campaign involved promotion of a “Consent is...” slogan competition (one of which was also printed on t-shirts) to encourage community discussion and engagement on the theme of healthy, safe sexuality and relationships in a manner that captures the imagination of residents and visitors to the region. It resulted in some great discussion among community members both in the lead up and at the actual carnivale festivities. There were a lot of really great slogan entries, with the winner being “Consent is... a pleasure to give not the pressure to give out”. Because the t-shirts were printed before the competition closed, we used a different one on them: “Consent is... the yes you give when you’re free to say no”. Both reflect a really positive, informed and confident approach to sex. So these are two quite different examples of ways we’ve tried to fit service provision to different community needs.



A slogan from the “consent is...” logo competition

Family Planning Queensland website: www.fpq.com.au

At the time of writing, **Cameron Boyd** was a Research Officer at the Australian Institute of Family Studies.