Taking Sexual Assault Service to Rural Areas

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This paper is about a very ordinary activity of CASAs: that of visiting services and of taking our service closer to where people live. It is an ordinary every day activity, but one that I feel passionate and concerned about. It is extremely relevant to rural areas and for a couple of weeks was a political hot potato as the three independent politicians have forced attention on the inequities experienced by regional Australia. We know that people living in rural Australia receive less health services than those in the capital cities.

TABLE 1 - Services received by rurality 2006-2007

Chart gives medicare services received by rural residents as a percentage of that received by metropolitan residents

SERVICE TYPE	Inner Regional	Outer Regional	Remote	Very Remote
MBS GP services	84%	79%	71%	54%
MBS Specialist services	74%	59%	38%	30%
MBS allied health services	75%	45%	24%	9%

National Rural Health Alliance Inc. Undated.

The situation for Women's services is even worse. Alston et al. (2006) found that specialist women's services are lacking in most country areas. To make it worse again we also know that the incidence of sexual assault increases as a percentage of population, the smaller the population in their local government area and the further away from a capital city. This is true of all states, but is less pronounced in Victoria. Hence the need to take services to where people live and out of regional centres. However over the years I have also had clients move to the Melbourne metropolitan area who have been unable to access a CASA because of distance. Efficient effective and accessible services matter to us all.

When I eventually came to finish my Masters in Social Work I was keen to use the opportunity to examine visiting services in a vaguely systematic manner. At South Western CASA we invest a lot of time and other resources to offer weekly visiting services across a reasonably large region and I wanted to check their effectiveness. John was my long suffering supervisor.

It is also about how we design our services ie. if workers are decentralised in a number of locations or whether they are centralised and offer visiting services. There are plusses and minuses of both ways of organising.

TABLE 2 - Design of Services

	Decentralised	Centralised
Pros	Responsive to the community Local collaboration easier	Offers team experience Workers supported Knowledge more easily transferred
Cons	Need critical mass of workers otherwise workers unsupported Can be difficult to recruit workers in smaller areas Workers can be marginalised	Removed from the community Visiting services are expensive in both cost and time Local collaboration more difficult

At first glance it may appear that a decentralised service is the most effective; however over the years I have observed lone workers employed in Women's Service struggle to remain relevant as small communities and their employing organisations marginalise them. Too many have suffered occupational stress which has convinced me of the need for workers to have a strong collegial team around them. The other way to organise services is to have generalist workers but we need to remember how difficult it is for generalist workers to address the sexual assault; if it wasn't CASAs would not exist.

Rawsthorne (2003) examined the problems of offering a sexual assault service in small country areas and she considered that it was too difficult for local workers to undertake community education around sexual assault because of the inherent pull to the community's preference to deny sexual assault and to side with the perpetrator. Instead she recommended a state-wide organisation undertake education around sexual assault.

I am also mindful that the future maybe very different, who knows where the technology will take us; and the rising cost of transport and appreciation of environmental damage, may also limit visiting services.

Today I want to talk about what the clients and other service providers reported about our visiting services.

Clients Experience

I looked at our data to see what it told about the amount of service that people received and then I asked our clients their opinion through a simple client satisfaction survey.

These figures are now quite old, they relate to six months of the 2004-05 financial year and back then we were still using the "Switch" data system. I compared the time given to clients attending at the Centre's base in Warrnambool with the time given to those attending at a visiting service. I also wanted to see how quickly we responded to

our clients and whether there was a difference in the time of the response depending on where you lived.

Looking firstly at how soon people received a service after contacting the Centre 43% of Warrnambool clients received an initial appointment within 3 days, compared to 29.5% of those outside of Warrnambool. This time lapse must be a disadvantage to clients in regional towns as our clients repeatedly tell us how difficult it is to make the first appointment and then to attend. I should add also here that if it is a recent assault we will make an additional visit to the area.

TABLE 3 - Accessing the service

Access to Ongoing Counselling

The demand for the service at SWCASA has been consistently greater than what practitioners can provide, and we have had waiting lists for ongoing counselling in place for those who are victims of past abuse for many years now. When access to ongoing counselling is considered those in the visiting centres did much better with all receiving ongoing counselling compared to only 23.21% in Warrnambool.

TABLE 4 - Access to Counselling by Time and Location

Area	Ongoing	4 wks	8 wks	8 wks+	N/R	o/r	Total
W'bool	13	16 (5)	11 (5)	15 (9)	11	1	67
Regional	31				11		42
							109

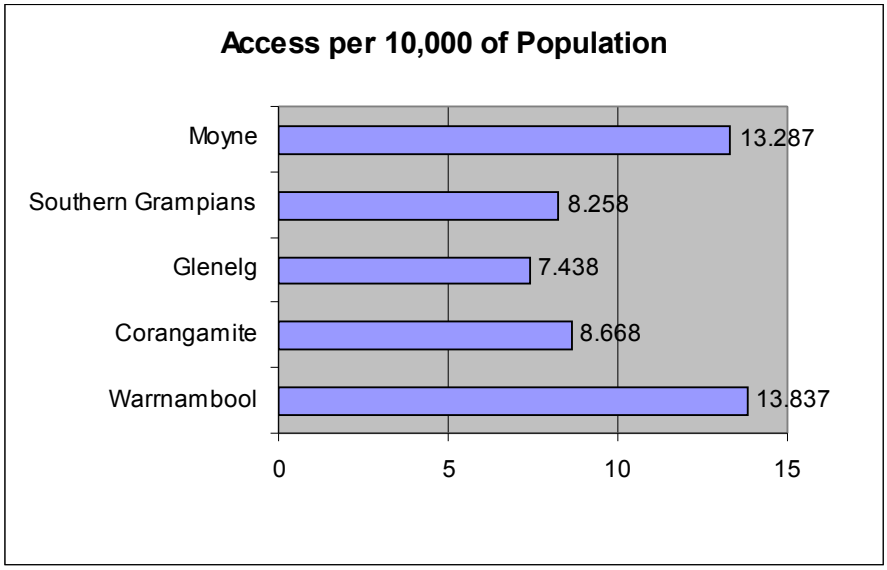
Those in brackets had been waiting that length of time.

The situation of course keeps changing, but a consistent theme has been longer waiting times in Warrnambool.

I wondered if we were able to accommodate all who presented in the regional areas was simply because people were not using the service, so I measured the numbers who presented as a percentage of population.

TABLE 5 - Access to Service per 10,000 of population

The graph shows access per 100,000 of population by local government area



The service is accessed most frequently by those living in Warrnambool, and then by those living within the Shire of Moyne. Moyne Shire abuts Warrnambool city and many of its residents work in Warrnambool and are used to travelling to access services. These figures show a rough correlation to the closer people live to Warrnambool and thus to the Centre, the more likely they are to use our services, but the difference is not at a rate that is statistically significant.

There may have been historical reasons as why the rate was lower in the Glenelg shire and I know that the current rates would be higher than those shown. Nevertheless the rate of use within the Shire of Glenelg at that time is a concern and part of the challenge for an organisation offering visiting services is maintaining relevance and a profile to local service providers and to the general population. These figures are in keeping with the work of Cheers (1998) and Smith (2004) who found that the use of health and social services declines the further one moves from a regional Centre.

I also examined the data to compare the amount of service on average each client received in Warrnambool and in the visiting areas.

Table 6 - Client Contact Time and Services in Warrnambool and Aggregated Regional Areas

Clients by location	Contact sessions aver per client	Work O/R	Contact time (in hours)	Support time (in hours)
Warrnambool n =67 Overall aver per client	2.611	1.343	2.327	1.549
Warrnambool clients excluding waiting List clients n = 47 aver per client	3.255	1.489	2.569	1.782
Regional clients n =42 Average per client	3.619	1.809	3.583	2.605

The figures show a low average amount of time received per client which is consistent with other data in this area, Because of the waiting time in Warrnambool, I also looked at the time spent on clients receiving ongoing counselling and compared that to regional clients. The table shows that the time spent on clients in visiting services is slightly higher than that spent on ongoing clients in Warrnambool in both time on sessions and on support time.

Time on travel is additional and for the six month period was recorded as 68 hours. Whilst we may expect counselling time to be similar, I was surprised to see that other work eg attending case conferences, attending court with a client was higher in the regional areas. I think this is due to the culture within the Agency to provide an effective service across the region and a strong sense of ownership by practitioners to the visiting service that they offer. At the time of this study, each worker had an area that they serviced and there was an observable ownership in providing that area with an effective, reliable service.

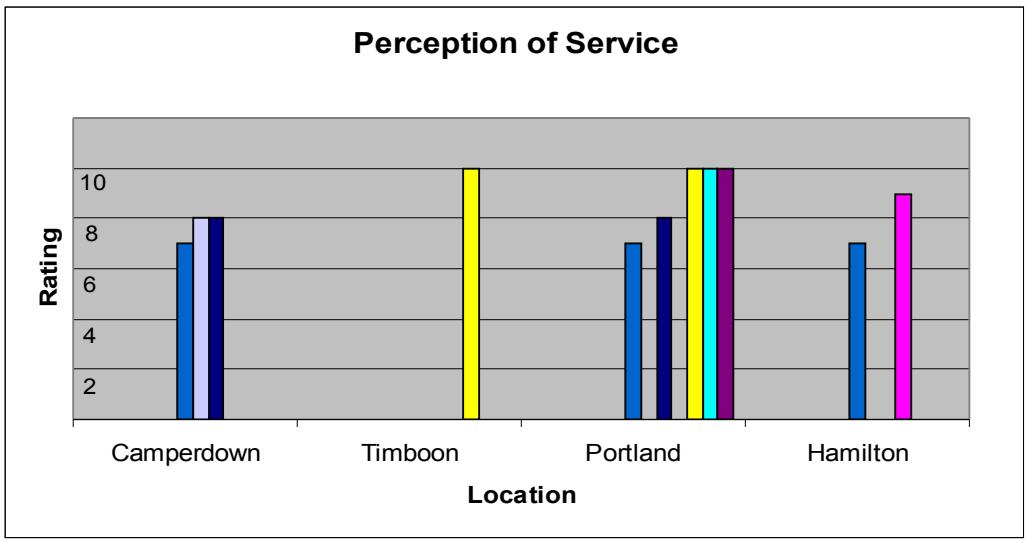
So in summary clients in visiting centres at the time of this study waited longer for a first appointment, but then received ongoing counselling, as compared to those clients living in Warrnambool who were generally seen quickly, but then waited for ongoing services. The time spent on them on average was slightly more than that spent on Warrnambool clients.

Client's experience

Due to ethics restrictions, eleven clients only completed the client satisfaction survey which is one third of the clients seen in visiting services over a two month period. Children and adults with a cognitive disability were excluded and they are a significant proportion of our caseload.

TABLE 7 - Perception of Service

Clients were asked to rate their satisfaction out of 10.



Each line represents an individual reply with their rating per the vertical axis.

Clients were overall appreciative of the counselling offered by South Western CASA with an average of 8.5

They did however note some difficulties which are summarised below.

TABLE 8 - Difficulties Noted

Accommodation	Privacy, decor
Difficulties in attending	Privacy re other clients and staff in centres. Restricted nature of service including shutting down over Christmas.
Referral	One client noted difficulties in locating service, but eight were referred from other services and they were active referrals.
Costs	Travel expenses.

The nature of the venue was commented on by almost half of those who reported particular difficulties. This highlights the importance of suitable settings being available close to where people live. I think that the restricted nature of the service is one of the most severe disadvantages faced by people attending a visiting service. We find it difficult to find suitable venues and cannot change days around, and this can make attendance impossible eg if the visiting day corresponds with one of two days a bus is provided for casual work at vineyards. We are also bound by the rules of the venue agency, hence the closure over the Christmas period. We could only offer a service a service if they travelled to Warrnambool.

It is essential that there is access to services between visits if required. Follow up services can be provided by telephone or by local practitioners. I asked our clients how easy it was for them to access their worker between visits.

TABLE 9 - Ease of Contact between Appointments

Rating	7	8	9	10	Not answered	Not applicable
No	3	2	2	1	2	1

Overall this was rated well although only six or just over half knew of the 1800 number.

Other Service Providers

A visiting service should be more than hiring a room and seeing clients. The literature and experience is clear that it also a relationship to a community and must include aspects of service other than casework. I surveyed other service providers by a written questionnaire of their perceptions of SWCASA's services to gain a very rough idea of the robustness of our relationship with these communities. 20 replies or 47.6% of the surveys were received, which is both a reasonable return to this type of survey but limiting because it is less than half.

TABLE 10 - Agency Survey of South Western CASA's visiting Service by Ranking

Question	Poor	O.K.	Quite Good	Excellent	Don't Know	Not Answered
Information provided to the community	5	3	7	1	2	2
Co-ordination with other services	2	3	8	3	2	2
Friendly and helpful staff			3	11	4	2
Quality of services			7	7	4	2
Respect for client confidentiality			2	12	4	2

All respondents knew of the visiting service. Four did not consider the service equally available to all groups, one noting "outside of school hours it is difficult for young people, especially farmers to access the service". Two further comments were made about rural isolation with one respondent promoting the importance of service over 2 days, and the other also noting the need for further funding. It is pleasing that with additional funding we have increased our service by an additional day per fortnight in two of the areas we visit.

12 comments with suggestion for improvements were included. Nine of these comments were around information to workers and the community. The remaining comments were around the need for a directory, requesting the service be more readily available and not so restricted and two noted that the health services responding had not used the service. Two respondents commended the professionalism and the ready response of the service.

This section does suggest that whilst the visiting services of South Western CASA are known by other service providers, there is a need for greater liaison with them, and a need for more educational activities in the communities that we visit. It is of course a constant tension between the demands of casework and community work. We have I think raised our presence in the over time and we are currently repeating this survey and the replies will help guide our work.

Conclusion

It is vital that CASAs continue to offer visiting services. It is essential that we evolve a model that offers client and community work and is sustainable for practitioners. There are other models of offering services to isolated people. The rural financial counsellors' service has been lauded for assertive outreach to farmers, but I listened with envy to a practitioner describe the expectation of a car for each worker and of seeing three people a day. The Department of Veteran Affairs also offers comprehensive services to traumatised people, but again with a level of funding that CASAs still aspire to.

Please note: this study received ethical clearance from South West Healthcare and La Trobe University. Our thanks to all who participated in this study and to Lois Hornby, Office Manager of South Western CASA for assistance in compilation of the statisitics.

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