



Speech by

**Mrs D. PRATT**

**MEMBER FOR NANANGO**

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Hansard 29 April 2003

**IPSWICH WOMEN'S HEALTH CENTRE AND SEXUAL ASSAULT SERVICE**

**Mrs PRATT** (Nanango—Ind) (12.00 p.m.): I bring to the attention of the House the plight of rural women serviced by the Ipswich Women's Health and Sexual Assault Centre. As members would be aware, the centre has received notice from Queensland Health of its intention to cease funding at the end of June. Queensland Health has provided no real explanation for this decision, although the department did however cite financial irregularities. Queensland Health audited the centre's books last year and I am told that all outgoing expenditure was accounted for and at no point did the centre receive any communication or correspondence suggesting that there were any problems. The response to the centre's communication with the minister's department to date has been—

It is not the responsibility of the minister. It is a bureaucratic decision.

I ask: who exactly is running the health portfolio? It is very questionable with this decision.

This cessation of funding is not in the best interests of the people in those communities. Although the centre is specifically for women, the benefits are felt by families and the whole community. The centre services an area which has the second highest incidence of domestic violence in the state, high unemployment figures, low income, high incidences of sole parenting and disability and low service provisions. If this removal of funds occurs, there will be virtually no services at all. The centre covers a population of 145,000 people and an area of 7,000 square kilometres including Esk and Toogoolawah in the Nanango electorate. This government bureaucrat's decision is penalising all the communities in those areas who call on the services of this centre. Although this centre covers many areas which might theoretically be able to be accessed through city services, it covers an area that takes in many rural and remote areas which historically hesitate to use services when they need to travel to the city.

This service is available for all women including those under 15 years of age. It supplies general counselling information, referrals, sexual assault and childhood sexual abuse counselling, 24-hour acute services and health promotion projects. It also holds courses and workshops relating to women's health, issues including relationships, grief and loss, depression, self-esteem and stress management. These courses and workshops are organised on a needs basis. Other service providers that would take up these clients if this service shuts down have allegedly been told that they must not take on any other long-term clients. If victims cannot go to them, then where the heck do they go? The current services are free, and without access to these free services many people in these areas will fail to access the services they need through a lack of finances. In this economically challenged area, any money people have goes to feed their families and pay essential bills. Private services are often outside their capacity to pay. One has to remember that many of these areas have absolutely no public transport to assist the people who live there to get into the city to access such services and many country people will not drive into the city.

This centre was vulnerable because of staffing instability and possibly, as yet unproven, questions relating to some receipts. If individuals have behaved in an adverse way, they must be removed. But this refusal to continue to fund the centre, which has been in existence for 12 years and offered so much to rural women suffering difficult circumstances, is appalling. Innocent people are about to be penalised for perhaps the questionable actions of a few. This centre worked with highly marginalised women—women who would never use government services, women with intellectual and psychiatric disabilities, women who self-harm and very young women as well as women from diverse backgrounds. It provides an invaluable service to women and families in the area, and from January to

March 2003 provided services to 543 women. Some 192 related to sexual assault and/or rape, and out of those there were 32 presentations to the Acute Sexual Assault Service—that is, women who had been raped. These women received services fairly quickly, unlike the poor woman left to wait eight hours as was recently reported in the *Courier-Mail*.

I ask the minister to please ensure that if this money is to be taken away from this centre it remains in the communities and does not disappear into the great abyss where so many funds seem to go. Tomorrow there will be a protest outside parliament just to show how much concern is felt out there in the community in the hope that the minister will take back control of this decision from her bureaucrats and begin to grasp the real growing concerns of rural women's health and reinstate funding to the centre. This service has become a very multicultural service in the true sense of the word and is the only service of its type in Queensland. The area it services contains people of over 100 different ethnic backgrounds. The defunding of this service is an indication of the contradiction in government policies which on one hand promote, at least in writing, community participation and cultural diversity and on the other hand seem to take very arbitrary decisions once that seems to have been achieved.

Time expired.