# SEXUAL ASSAULT CENTRES – THE PROMOTION OF A HEALTH SERVICE

Helle Nesvold*
The Sexual Assault centre, Primary care emergency services; The Health Agency; City of Oslo

Background & aim
Gender-based violence has gradually been identified as a public health problem of political interest, furthered by e.g. UN and Amnesty International. Among Norway's treaties with EU, some Norway Grants agreements have addressed measures against gender-based violence; and the Oslo sexual assault centre (SAC) has contributed since 2011. The service, the benefits and experiences have been presented to various delegations. A partnership aiming at establishing a similar service in Estonia started in 2014. This is a presentation of Oslo SAC's contribution.

Methods & results
The Oslo SAC is a multidisciplinary service with more than 30 years' experience, piloting Norwegian development regarding forensic procedures, patient care and follow up routines. The service is integrated in an emergency health institution. Most of the involved staff have other duties as well, which strengthens the service but requires respectful cooperation.

Our central experience from start-up-to date may be useful to others, as SACs' work comprises tasks not necessarily considered. To establish and to maintain the service require continuous education of decision-makers, professionals and the public regarding consequences of sexual abuse; costs for the individual and society; benefits of taking action; facts contradicting myths; beneficial attitudes, and how to advertise the service to the public.

Information includes prevalences; examples of the negative effects on health and social welfare; how cases are underreported to health care and police; how ordinary medical documentation is insufficient for police purposes. The case panoramas at SAC and in surveys challenge myths and stereotypes; and myths must be contradicted as they discourage victims from help-seeking and bias professionals. One of our early studies showed that self-referral centres, compared to the traditional "forensic medical examination at police request / find other help yourself" helped 2-3 times as many police-reporting victims and an additional, similar amount of non-reporting victims.

To the police, direct access to SAC provides a considerable increase in available forensic medical evidence, without loss caused by victims' delayed decision to involve the police .The police also gain more information of post-violence consequences, important for compensatory justice.

For maintenance of SACs, continuous dialogue is necessary between staff that runs the services hands-on and administrators, as development may disclose further needs.

Resources are e.g. consumed by repeated information campaigns in order to reach those affected and active outreach during follow-up. Furthermore, integrated, multi-disciplinary services need coaching in order to function, within the health institution as well as towards cooperating institutions like the police; at the practical level and at various levels of administration up to the ministries. Regular meetings with other similar services should also be augmented, and in Norway, Nklm constitutes an umbrella organisation forwarding contact and raising common issues.

Conclusion

Contribution in international work is rewarding and yields renewed perspectives on one's own and partners' services, conditions and experience. The Estonians were more than ready in their engagement, necessary forensic skills were available; they are high-tech and now seem to have done all the right dispositions.

It is a pleasure to see that politics may work.