

PILOT PROPOSAL

FORENSIC NURSES IN URGENT CARE CLINICS: DELIVERING DIGNITY AND JUSTICE FOR VICTIM-SURVIVORS

**Prepared by the
Working with
Women Alliance**

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Acknowledgement of Country

The Working with Women Alliance acknowledges the Traditional Owners of the land on which we work and live.

We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and future, and we value Aboriginal and Torres Strait Islander Elders past, present and emerging.

We value Aboriginal and Torres Strait Islander histories, cultures, and knowledge.

About Us

The Working with Women Alliance (WwWA) represents two key portfolios: National Women's Safety (NWS) and National Women's Equality (NWE).

The WwWA connects the critical areas of gender-based violence prevention and the advancement of women's economic equality and leadership, bridging these important policy fields for greater impact.

We work with members and stakeholders, including the Australian Government, to provide expertise and advice on gender equality and women's safety.



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Executive Summary

Forensic Nurses in Urgent Care Clinics: Delivering Dignity and Justice for Victim-Survivors

Victim-survivors of sexual violence deserve access to timely, compassionate, and expert care. Right now, too many are being forced to wait hours—sometimes nearly an entire day—for forensic medical examinations, with critical evidence lost and further trauma inflicted through delays and poor system coordination. These failures are avoidable, and the time to act is now.

We are calling for a federal health pilot to place forensic-trained nurses in 25 regional and remote Medicare Urgent Care Clinics. This model is designed to bring essential sexual assault forensic services closer to where people live, offering trauma-informed care in community settings that operate after-hours and on weekends—when hospitals are often overstretched, and when victim-survivors need support most. Urgent care clinics are uniquely placed to provide this critical service, reducing travel times, relieving pressure on emergency departments, and ensuring that no one is left waiting for the care they deserve.

Delivering Integrated, Trauma-Informed Care for Victim-Survivors of Sexual Violence

This pilot is designed to address a critical gap in the sexual violence response system: timely, trauma-informed forensic care in regional and remote areas. Too often, victim-survivors are forced to wait hours—sometimes days—for a forensic medical examination, compounding their trauma and undermining the potential for justice. By embedding forensic-trained nurses in 25 Medicare Urgent Care Clinics, this pilot delivers a scalable model that strengthens the immediate health response, builds formal links to specialist services, and ensures that no person falls through the cracks.

Rather than replacing specialist sexual assault crisis services, forensic nurses will operate in partnership with them—providing immediate clinical care while integrating seamlessly into existing local support systems.

Each forensic nurse will:

- Deliver forensic examinations and medical care in a trauma-informed, culturally safe environment.
- Initiate warm referrals to sexual assault crisis services, ensuring victim-survivors have access to counselling, advocacy, and legal support.
- Coordinate with case managers to support continuity of care, including safety planning, mental health services, and justice system navigation.
- Provide follow-up contact so that no victim-survivor leaves the clinic without a clear recovery pathway.

To support this model, the pilot includes a dedicated \$1.5 million investment in service integration and partnership development. This funding will enable:

- Formal partnership agreements between urgent care clinics and local sexual assault services.
- Joint training for forensic nurses and case managers to promote shared, trauma-informed practice.
- Implementation of real-time referral protocols through digital coordination tools.
- Ongoing monitoring and evaluation of integration success, including victim-survivor outcomes.

This approach aligns closely with Action 4 of the *First Action Plan 2023–2027*, which calls for trauma-informed, connected and coordinated systems to support long-term recovery and wellbeing.

It also advances Action 3, strengthening the workforce capability of both generalist and specialist services. The model reflects the Plan's cross-cutting principles of person-centred integration, intersectionality, and coordinated system reform, and is particularly responsive to the needs of First Nations communities through tailored, co-designed delivery in the Northern Territory.

By investing in this partnership model, the pilot will not only improve access to timely forensic care it will help ensure victim-survivors are met with dignity, safety, and a clear pathway toward recovery and justice, no matter where they live.

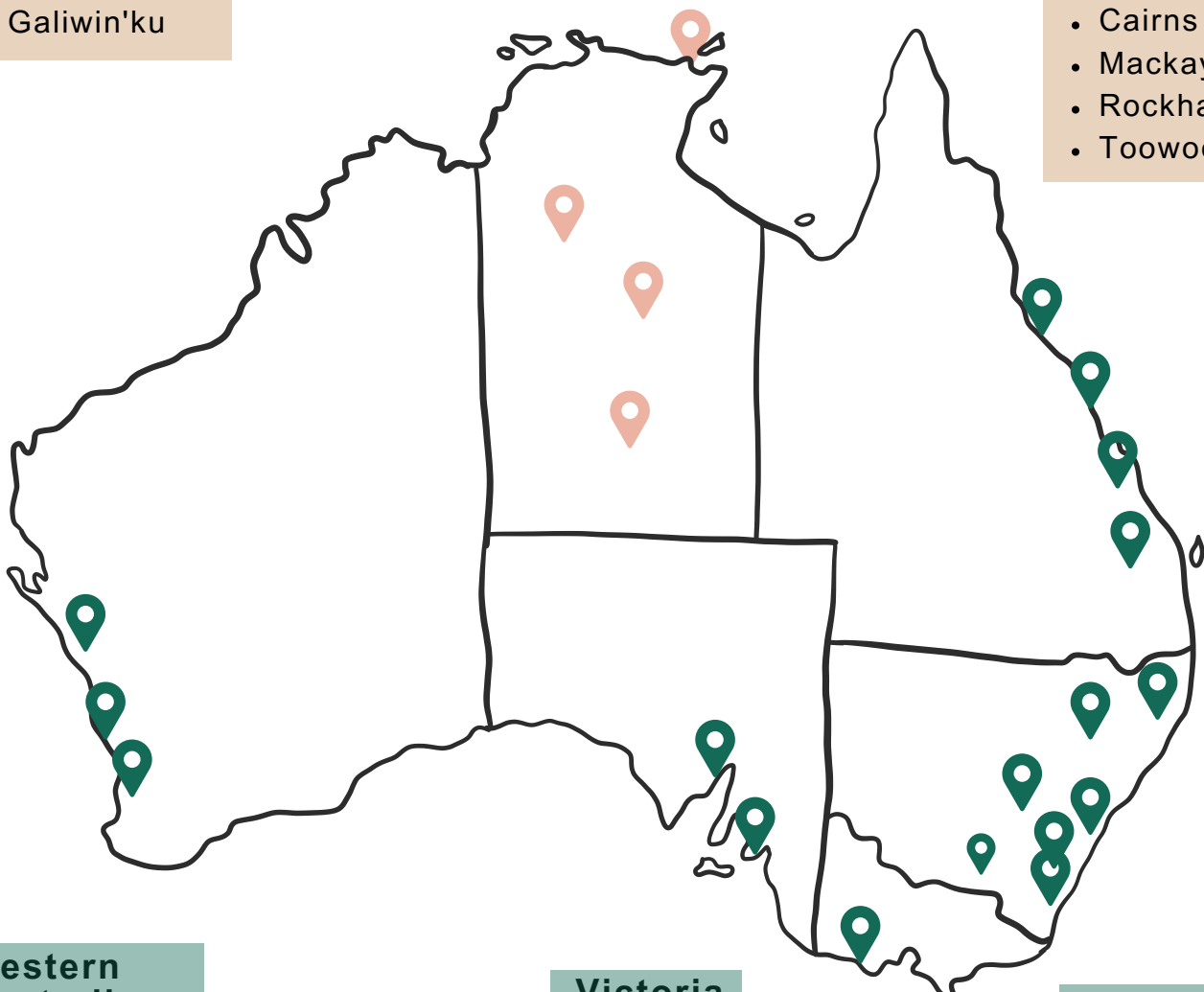
Proposed Pilot Locations

Northern Territory - Partnership Co-Design with community and First Nation controlled support services.

- Alice Springs
- Ali Curung
- Lajamanu
- Galiwin'ku

Queensland

- Cairns
- Mackay
- Rockhampton
- Toowoomba



Western Australia

- Geraldton
- Mundaring
- Yanchep

Victoria

- Warrnambool

South Australia

- Victor Harbor
- Whyalla

Tasmania

- Burnie
- Kingston
- Sorell
- Bridgewater
- Launceston

New South Wales

- Cessnock
- Tamworth
- Grafton
- Bathurst
- Nowra
- Bega

Pilot Costings

Item	Cost
Salaries 25 nurses at \$125,000 p.a.	\$3,125,000
Fixed employment costs 10% of total salaries	\$312,500
Superannuation at the super guarantee rate of 12% p.a.	\$375,000
Independent evaluation of victim-survivor outcomes	\$1,000,000
Partnership development and case management integration	\$1,500,000
Relocation & Remote Workforce Support 10 nurses at \$15,000 cost each	\$150,000
Total Estimated Pilot Cost (Annual)	\$6,462,500

Aligning the Forensic Nurses Pilot with the First Action Plan (2023–2027)

The proposed pilot to embed forensic-trained nurses in 25 regional and remote Medicare Urgent Care Clinics is a concrete, health-led intervention that responds directly to critical gaps identified across multiple domains of the First Action Plan 2023–2027. It reflects a systems-level reform that centres trauma-informed, timely, and integrated care for victim-survivors of sexual violence particularly in areas currently underserved by specialist forensic services.

Supporting Actions Across the National Plan

Action 3: Strengthen Workforce Capability

The pilot directly supports Action 3 by increasing the capability of the mainstream health workforce to respond to sexual violence. Forensic nurses, specially trained to deliver trauma-informed forensic examinations, act as a critical bridge between emergency health services and the broader support system for victim-survivors. This is aligned with existing commitments in the Addendum such as:

- Expanding sexual assault forensic training for regional and remote clinicians (SA).
- Rolling out FDV-specific health training nationally via DV-alert and PHN pilots.

Action 4: Build Trauma-Informed, Coordinated Systems

At its core, the forensic nurse model is designed to deliver immediate, **trauma-informed care** and integrate with local case management and specialist sexual assault services. This speaks directly to Action 4's priority of building connected and recovery-oriented service pathways. The proposal includes:

- Warm referral protocols
- Joint training with crisis services
- Real-time digital coordination systems
- These features mirror the systemic integration being trialed through federally funded recovery programs like the Supporting Recovery Pilot and the Family, Domestic and Sexual Violence PHN Pilots.

Action 6: Prevent and Address Sexual Violence

This pilot is a direct response to the urgent need identified under Action 6: improving access to sexual violence services, particularly in under-resourced or rural settings. The First Action Plan explicitly calls for:

- Increasing sexual assault response capabilities across all settings
- Improving the quality and timeliness of forensic evidence
- The pilot delivers on both fronts by embedding specialised forensic capability within urgent care clinics that operate after-hours—when many existing services are inaccessible.

Action 7: Culturally Safe, Co-Designed Models with First Nations Communities

The pilot proposes tailored delivery in the Northern Territory, in formal partnership with Aboriginal Community Controlled Organisations (ACCOs) and local First Nations health and support services. This aligns with Action 7's requirement for co-designed, culturally safe services that reflect local needs and strengths.

Economic Equality and Security

The pilot also reflects the cross-cutting principles of the First Action Plan:

- **Intersectionality and equity:** Targets rural, regional, and remote areas that experience systemic access barriers.
- **Person-centred integration:** Wraparound service design ensures no wrong door, no repeat disclosures.
- **Accountability and evidence:** Includes funding for robust evaluation focused on victim-survivor outcomes.
- **Closing the Gap:** Embeds service models that reflect Closing the Gap Priority Reform Areas, particularly in NT communities.

By embedding forensic nurses in urgent care clinics, this pilot makes visible and tangible progress on multiple commitments in the First Action Plan. It offers an evidence-based, scalable solution that addresses the current postcode lottery of access to sexual assault forensic services—especially for those in regional and remote areas.

The model is aligned with national priorities and can act as a flagship example of integrated, survivor-centred care that both prevents further trauma and strengthens justice system responses.

