

# READY TO LISTEN

## The #ReadyToListen Audit and Planning Tool

### For Preventing Sexual Assault in Residential Aged Care

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## **For more information contact**

More free resources on #ReadyToListen website: <https://opan.org.au/ready-to-listen/>

## Important definitions

### **Audit**

This audit tool has been developed from guidelines to support residential aged care service providers to improve responses to, and prevent, sexual assault in residential aged care. The guidelines outline how service providers might approach their obligations under the Quality of Care Principles. The guidelines are not legal advice or a compliance guide.

### **Quality of Care Principles**

Reference to the Quality of Care Principles refers to the *Quality of Care Principles 2014* (Cth)<sup>1</sup> made under section 96-1 of the Aged Care Act 1997.

### **Sexual assault**

The definition of sexual assault varies across each state/territory.<sup>2</sup> The #ReadyToListen resources use the term to encompass 'unlawful sexual contact and inappropriate sexual conduct' as outlined in the *Quality of Care Principles 2014* (Cth)<sup>3</sup> as follows:

#### *Unlawful sexual contact, or inappropriate sexual conduct*

- (4) In paragraph 54-3(2)(b) of the Act, the expression “unlawful sexual contact, or inappropriate sexual conduct, inflicted on the residential care recipient” includes the following:
- (a) if the contact or conduct is inflicted by a person who is a staff member of the approved provider or a person while the person is providing care or services for the provider (such as while volunteering) – the following:
    - (i) any conduct or contact of a sexual nature inflicted on the residential care recipient, including (without limitation) sexual assault, an act of indecency and the sharing of an intimate image of the residential care recipient;
    - (ii) any touching of the residential care recipient’s genital area, anal area or breast in circumstances where this is not necessary to provide care or services to the residential care recipient;
  - (b) any non-consensual contact or conduct of a sexual nature, including (without limitation) sexual assault, an act of indecency and the sharing of an intimate image of the residential care recipient;
  - (c) engaging in conduct relating to the residential care recipient with the intention of making it easier to procure the residential care recipient to engage in sexual contact or conduct.
- (5) However, that expression does not include consensual contact or conduct of a sexual nature between the residential care recipient and a person who is not a staff member of the approved provider, including the following:
- (a) another person who is a residential care recipient of the provider;

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<sup>1</sup> <https://www.legislation.gov.au/Details/F2021C00887>

<sup>2</sup> Ibid.

<sup>3</sup> <https://www.legislation.gov.au/Details/F2021C00887>

- (b) a person who provides care or services for the provider (such as while volunteering) other than while that person is providing that care or services.

### **Ready To Listen**

The term #ReadyToListen refers to aged care service providers knowing the risk of sexual assault, understanding indicators, believing those who disclose, acknowledging impacts, providing support, and taking proactive steps to protect residents. Being #ReadyToListen is achieved through organisational policy and education for staff and information for residents and their families on sexual assault.

### **Perpetrator**

The term perpetrator refers to the person directly engaged in sexual assault<sup>4</sup>, as well as people who may induce or assist others to engage in the sexual assault<sup>5</sup>. The term 'perpetrator' is used to reinforce the serious nature of sexual assault.<sup>6</sup>

### **Disclosure**

The word disclosure is used by a number of key services<sup>7,8</sup> in relation to sexual assault, and broadly reflects a process for making something known.

### **Victim/survivor**

The term victim may be used to refer to the person who has been sexually assaulted<sup>9</sup>, particularly to illustrate that a sexual assault has been committed.<sup>10</sup> The term 'survivor' often refers to a person who is going through or has gone through a recovery process.<sup>11</sup> Some resources refer to victims/survivors in recognition that those impacted have the right to choose how they are referred to.

### **Affirmative consent**

Affirmative consent makes it clear that a person does not consent to sexual activity unless they said or did something to communicate consent<sup>12</sup>. The objectives of affirmative consent in residential aged care are to recognise that every resident has a right to choose whether to participate in sexual activity and that consent to a sexual activity must not be presumed. Communication of consent requires more than noting a resident was not obviously distressed or didn't say no to sexual activity. Consent is given through words or actions before and continuously throughout sexual activity.

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<sup>4</sup> [https://www.police.vic.gov.au/sites/default/files/2019-02/Victoria-Police-Reporting-Guidelines--v12-2\\_7Mar16\\_gvr.pdf](https://www.police.vic.gov.au/sites/default/files/2019-02/Victoria-Police-Reporting-Guidelines--v12-2_7Mar16_gvr.pdf)

<sup>5</sup> Ibid.

<sup>6</sup> [https://plan4womenssafety.dss.gov.au/wp-content/uploads/2015/04/glossary-web\\_national\\_outcome\\_standards\\_for\\_perpetrator\\_interventions.pdf](https://plan4womenssafety.dss.gov.au/wp-content/uploads/2015/04/glossary-web_national_outcome_standards_for_perpetrator_interventions.pdf)

<sup>7</sup> <https://www.racgp.org.au/afp/2015/march/disclosures-of-sexual-abuse-what-do-you-do-next>

<sup>8</sup> <https://aifs.gov.au/publications/responding-young-people-disclosing-sexual-assault>

<sup>9</sup> [https://www.police.vic.gov.au/sites/default/files/2019-02/Victoria-Police-Reporting-Guidelines--v12-2\\_7Mar16\\_gvr.pdf](https://www.police.vic.gov.au/sites/default/files/2019-02/Victoria-Police-Reporting-Guidelines--v12-2_7Mar16_gvr.pdf)

<sup>10</sup> <https://sakitta.org/toolkit/docs/Victim-or-Survivor-Terminology-from-Investigation-Through-Prosecution.pdf>

<sup>11</sup> Ibid.

<sup>12</sup> <https://www.mondaq.com/australia/crime/1136522/affirmative-sexual-consent-laws-passed-in-new-south-wales>

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*Being #ReadyToListen is about understanding the risk of sexual assault, knowing the indicators, believing those who disclose, acknowledging impacts, providing support and taking proactive steps to protect residents. Sexual assault in residential aged care is never okay. Being #ReadyToListen is an important step in prevention.*

Mr Craig Gear, CEO Older Persons Advocacy Network (OPAN)

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## Introduction

Over the past few years there have been significant policy reforms related to sexual assault in residential aged care, which have led to the development of this resource.

In Australia, processes for reporting sexual assault in residential aged care were introduced in 2004, when the Department of Health launched a scheme for the compulsory reporting of incidents, including sexual assault<sup>13</sup>. There were 'limited circumstances' for reporting, which meant that sexual assault was not reported if the perpetrator was cognitively impaired.

Data gathered for this compulsory reporting scheme was outlined in an annual Report on the Operation of the Aged Care Act annually from 2004 to 2020. The 2019-2020 report identified there were 851 reports of alleged or suspected unlawful sexual contact<sup>14</sup>.

A critique of the compulsory reporting approach was that data was collected, but it was not clear that it was being utilised to inform strategies for prevention. This gap and the limited circumstances approach have arguably contributed to conceptualising the sexual assault of older people as a lesser crime – or no crime at all. Recent research identified that in 58% of sexual assaults, staff in residential aged care reported there were no negative impacts on the resident<sup>15</sup>. This is a myth.

Global research shows the harm to victims/survivors of sexual assault in residential aged care, includes the following:

- high rates of mortality, physical injury and delirium, as well as protracted PTSD<sup>16</sup>
- physical injuries, including long term health conditions, exacerbation of existing injuries or conditions<sup>17</sup>

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<sup>13</sup> <https://www.gen-agedcaredata.gov.au/Resources/Reports-and-publications/2020/September/Report-on-the-operation-of-the-Aged-Care-Act>

<sup>14</sup> <https://www.health.gov.au/news/announcements/2019-20-report-on-the-operation-of-the-aged-care-act-1997>

<sup>15</sup> <https://www.health.gov.au/resources/publications/prevalence-study-for-a-serious-incident-response-scheme-sirs>

<sup>16</sup> <https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

<sup>17</sup> Bows, Hannah (2019). Violence against older women. Nature and extent. Springer

- higher rates of genital trauma, aches and pains, cuts and bruises, and sexually transmitted diseases, compared to younger women<sup>18</sup>
- fear of perpetrator reoffending resulting in distress, insomnia, and general failure to thrive.<sup>19</sup>
- delays in processing and impaired communication which potentially compounds the trauma of sexual assault.<sup>20</sup>

The ageist, sexist, ableist myth that sexual assault in residential aged care causes no harm to most residents is a major barrier to preventing sexual assault and supporting victims/survivors. It is difficult to imagine a service provider supporting victims/survivors or prioritising safety plans for prevention when they think sexual assault is harmless.

Over decades of advocacy, the authors have had to argue why sexual assault should be prevented in residential aged care. This is still the case – demonstrating the urgent need for education and leadership.

The pace of reform escalated following release of The Aged Care Royal Commission's final report,<sup>21</sup> which estimated there are 50 sexual assaults in residential aged care each week. A Serious Incident Response Scheme (SIRS)<sup>22</sup> was launched in residential aged care in 2021, which now requires that all reportable sexual assaults are reported as a Priority 1 incident.

To accompany the introduction of SIRS, the Aged Care Quality and Safety Commission (ACQSC) released a fact sheet on sexual assault,<sup>23</sup> [which was updated in 2022](#). The fact sheet (and SIRS guidelines) note that most sexual assaults need to be reported to police where there are 'reasonable grounds' to do so and 'an incident is likely to be of a criminal nature'. While these changes have been welcomed by many, there is a lack of clarity about what constitutes reasonable grounds – and when sexual assault is not of a criminal nature.

Additionally, in 2022 the Code of Aged Care<sup>24</sup> noted that providing care, support and services free from sexual misconduct is consistent with the code and that services must take reasonable steps to prevent and respond to sexual misconduct. This includes predatory sexual behaviours that influence, or seek to take advantage of, residents and any sexual act between a resident and an aged care worker. It also requires that workers are trained and cognisant of when, and how, to raise concerns about sexual misconduct and that there are systems and processes in place encourage residents to report sexual misconduct.

A further significant reform occurred in 2021 with the funding of the #ReadyToListen project.

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<sup>18</sup> Ibid.

<sup>19</sup> [opal.institute.org/margarita](https://opal.institute.org/margarita)

<sup>20</sup> [https://www.nsvrc.org/sites/default/files/Elder\\_Sexual\\_Assault\\_Technical-Assistance-Manual.pdf](https://www.nsvrc.org/sites/default/files/Elder_Sexual_Assault_Technical-Assistance-Manual.pdf)

<sup>21</sup> <https://agedcare.royalcommission.gov.au/publications/final-report>

<sup>22</sup> <https://www.agedcarequality.gov.au/consumers/serious-incident-response-scheme#compulsory%20reporting>

<sup>23</sup> <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

<sup>24</sup> <https://www.agedcarequality.gov.au/providers/code-conduct-aged-care-information-providers>

## **The #ReadyToListen project**

In 2021, the Older Persons Advocacy Network (OPAN) presented a proposal to the Department of Health for a national project to deliver education and resources to residential care service providers on preventing sexual assault and supporting victim/survivors. The #ReadyToListen project was funded, led by OPAN in partnership with Celebrate Ageing Ltd and the Older Women's Network, New South Wales.

The leadership of OPAN on the #ReadyToListen project is important. The project is the first national approach to prevention and represents the beginning of a period of great reflection by other key stakeholders about their role in reforms.

The #ReadyToListen approach is about understanding the risk of sexual assault, knowing the indicators, believing those who disclose, acknowledging impacts, providing support, and taking proactive steps to protect residents. At the heart of the project is a #ReadyToListen MAP.

## **The #ReadyToListen MAP**

The #ReadyToListen MAP provides education and outlines practical strategies to improve responses to sexual assault disclosure and to prevent sexual assault in residential aged care. The MAP offers a suite of resources that can be localised to the context of each state/territory and the internal processes of each residential aged care service.

The MAP approach recognises that 'one-off education' is not enough. It requires guidelines for resident care, information for residents and families, education for staff, frameworks for change, organisational policies and this audit tool.

The MAP outlines the **Myths, facts And Practical** strategies to be #ReadyToListen when sexual assault is disclosed. It has the following 10 elements, or ways of knowing and doing, required by residential aged care service providers:

1. Understanding sexual assault definitions and prevalence
2. Clarifying sexual rights and consent
3. Assessing the indicators of sexual assault
4. Identifying the impacts of sexual assault
5. Complying with reporting requirements
6. Providing immediate safety and support
7. Practicing open disclosure
8. Providing trauma-informed aged care services
9. Recognising and reducing resident vulnerability
- 10. Promoting protection, prevention and service improvement.**

This audit tool relates to Element 10: promoting protection, prevention and service improvement to prevent sexual assault.

These elements are outlined in MAP Guidelines, which need to be read before the audit is undertaken.

The #ReadyToListen webpage on the OPAN website has all the resources required to achieve the steps listed above. Go to: <https://opan.org.au/ready-to-listen/>

## How to use the audit

This Audit and Planning Tool provides an invaluable opportunity to audit services against the #ReadyToListen elements in the MAP. The audit enables gaps to be identified and can inform plans for improvement. It also provides a means by which to measure change. Suggested steps include:

- review the MAP Guidelines
- review all #ReadyToListen resources
- audit your service using the tool and the steps outlined below
- review audit results and plan improvements
- repeat the #ReadyToListen audit to identify improvements and further opportunities for improvement.

The tool covers the 10 elements of the MAP Guidelines and there are three indicators for each element. For each indicator in the audit tool, record the following:

1. What you have done to achieve each indicator
2. What else you need to do to achieve each indicator
3. Rate your progress between 0-3 for each indicator
  - Give your service a rating of 0 if haven't achieved any action for this indicator
  - Give your service a rating of 1 or 2 if you have partially achieved the indicator
  - Give your service a rating of 3 if you have completely achieved the indicator

The rating system is intended for your internal use – to help you monitor your achievements. It may be useful to discuss the audit at team meetings, or to consult residents and their families.



## Audit and Planning tool

<b>Date:</b>	<b>Time:</b>
<b>Service:</b>	
<b>Auditor's name/s:</b>	
<b>People consulted:</b>	
<b>Auditor's notes:</b>	

## Element 1: Understanding sexual assault definitions and prevalence

Education and resources are provided to ensure staff understand the definition of sexual assault and the prevalence.

No	Indicator	Progress and Plans	Score
1.1	Staff education includes definitions and prevalence of sexual assault		/3
1.2	The definition of sexual assault is promoted through posters in staff areas and on the intranet etc		/3
1.3	The incident management or sexual assault policy includes a definition of sexual assault.		/3

Further information:

## Element 2: Clarifying sexual rights and consent

Information and education are provided to ensure staff, residents and families understand resident's sexual rights and responsibilities and staff rights and responsibilities in this context.

No	Indicator	Progress and Plans	Score
2.1	Staff education is provided on the Charter of Sexual Rights and Responsibilities in Residential Aged Care		/3
2.2	Residents and their families can access a copy of the Charter		/3
2.3	The service has a policy or guidelines for clarifying sexual consent.		/3

Further information:

### Element 3: Assessing the indicators of sexual assault

The physical and psychological indicators of sexual assault are understood and prompt staff to identify whether sexual assault has occurred.

No	Indicator	Progress and Plans	Score
3.1	Education is provided on the indicators of sexual assault		/3
3.2	Education is provided to staff on how indicators of sexual assault may differ when the victim has dementia		/3
3.3	The sexual assault or incident management policy outlines next steps for staff who identify indicators of sexual assault.		/3

Further information:

## Element 4: Identifying the impacts of sexual assault

The impacts of sexual assault are understood and prompt staff to implement strategies to support victims/survivors and prevent sexual assault.

No	Indicator	Progress and Plans	Score
4.1	Education is provided for staff on the impacts of sexual assault, including for residents with dementia		/3
4.2	Education explores the myth that sexual assault has no impacts		/3
4.3	Education provides staff with an understanding of impacts on victim/survivors to better plan their care needs.		/3

Further information:

## Element 5: Complying with reporting requirements

Staff understand and comply with reporting requirements under SIRS and understand when sexual assault should be reported to the police.

No	Indicator	Progress and Plans	Score
5.1	The service has a sexual assault policy or similar document that clarifies guidelines for reporting internally, to SIRS and police		/3
5.2	Staff are provided with guidelines for reporting sexual assault to Police		/3
5.3	Staff education encompasses internal and external reporting requirements.		/3

Further information:

## Element 6: Providing immediate safety and support

A safety plan is developed for the victim/survivor and evaluated in consultation with the victim/survivor and includes access to sexual assault and advocacy services.

No	Indicator	Progress and Plans	Score
6.1	The organisation's sexual assault policy or similar document outlines processes for victim/survivor access to supports and advocacy and promotes safety		/3
6.2	Education is provided to staff on support, advocacy, and safety		/3
6.3	A safety planning template is available and staff education provided on its use.		/3

Further information:

## Element 7: Practicing Open Disclosure

Staff understand and implement practical strategies for communicating about sexual assault in ways that are honest, timely, ethically responsible, and professional.

No	Indicator	Progress and Plans	Score
7.1	Staff education includes training on Open Disclosure and Sexual Assault		/3
7.2	Staff apologise when a sexual assault is disclosed and identify strategies for prevention		/3
7.3	Victim/survivors and their families are provided with information on sexual assault, including how to contact the Aged Care Quality and Safety Commission.		/3

Further information:



## Element 8: Providing trauma-informed aged care services

The service implements practical strategies to promote trauma-informed responses that support victim/survivors, other residents, and staff.

No	Indicator	Progress and Plans	Score
8.1	Staff are provided with resources and education on trauma-informed services		/3
8.2	Staff debriefing occurs following sexual assault disclosures		/3
8.3	Staff and residents report they are respected and heard every day.		/3

Further information:

## Element 9: Recognising and reducing resident vulnerability

Staff recognise factors that contribute to residents' vulnerability to sexual assault and take steps to reduce this vulnerability.

No	Indicator	Progress and Plans	Score
9.1	Staff education is provided on victim and perpetrator characteristics and strategies for minimising risk of sexual assault		/3
9.2	Staff education is provided on the role of staff attitudes in vulnerability to sexual assault		/3
9.3	Staff debriefing is facilitated after sexual assault to identify factors contributing to victim/survivor vulnerability.		/3

Further information:

## Element 10: Protection, prevention and quality improvements

The organisation has a sexual assault policy or guidelines and audits its service against the #ReadyToListen MAP Guidelines, to identify and make improvements.

No	Indicator	Progress and Plans	Score
10.1	Mandatory staff education on sexual assault is provided on an annual basis and after sexual assault disclosures		/3
10.2	The service has a sexual assault policy (or similar) that provides clear guidance for staff on responses to, and prevention of, sexual assault		/3
10.3	An annual audit using the #ReadyToListen audit tool is undertaken to identify and reduce possible risks.		/3

**Total score:**  
**/90**

**Auditor's reflections:**

## Useful contacts

### **1800RESPECT**

The National Sexual Assault, Domestic Family Violence Counselling Service provides a 24-hour hotline. Contact them on 1800 RESPECT (1800 737 732) and ask for the details of your closest sexual assault service.

### **1800FULLSTOP**

Fullstop Australia aims to put a full stop to sexual, domestic, or family violence. They offer confidential counselling for people who have experienced sexual assault and for family members. Call 1800 385 578 any time or check the website:

<https://fullstop.org.au/>

### **The Older Persons Advocacy Network (OPAN)**

The Older Persons Advocacy Network, or OPAN provides independent, confidential, and free advocacy support for people living in residential aged care. OPAN has provided training and support to all their services to better understand how to support people who have been sexually assaulted in residential aged care.

The OPAN information and advice line can connect victims/survivors with an advocate from their state/territory based OPAN service who can advocate on their behalf. Call 1800 700 600 (7 days week) or check the website at: <https://opan.org.au>

### **The Aged Care Quality and Safety Commission**

The Aged Care Quality and Safety Commission (ACQSC) assesses the quality of care and services in residential aged care and manages the Serious Incident Response Scheme or SIRS (all sexual assault must be reported to SIRS within 24 hours). Contact the Commission to make a complaint about sexual assault or the way it was managed. Call: 1800 951 822 (9am-5pm, Monday to Friday) or check their website here: <https://www.agedcarequality.gov.au/>

### **Ready To Listen resources**

The #ReadyToListen project has developed a suite of resources for older people, people living with dementia, family members and service providers. Go to the Ready to Listen webpage for an overview of the and links to further resources:

<https://opan.org.au/ready-to-listen/>