

**READY  
TO LISTEN**

# Sexual Assault In Residential Aged Care

## Information for Families

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## **The #ReadyToListen project**

This resource was developed for the #ReadyToListen project, which is funded by the Australian Government Department of Health and is led by the Older Persons Advocacy Network, in partnership with Celebrate Ageing Ltd and the Older Women's Network, New South Wales.

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## **For more information contact**

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

## Introduction

This resource has been developed for the families of people living in residential aged care who have been sexually assaulted.<sup>1</sup> It outlines how to report sexual assault, what to expect when sexual assault is disclosed,<sup>2</sup> and where to find support.

The resource was developed because many residential aged care service providers are unclear about their responsibilities in responding to and preventing sexual assault. Some families report feeling that their concerns are dismissed and are unsure where to go for support.

The resource reflects the need to upskill service providers and update the community on the policy and legislative reforms related to sexual assault in residential aged care.

## Reforms to sexual assault reporting and policy

The problem of sexual assault in residential aged care was highlighted in the Aged Care Royal Commission's final report, which was released in 2019.<sup>3</sup> It estimated there are 50 sexual assaults in residential aged care each week. The following year, a Serious Incident Response Scheme (SIRS)<sup>4</sup> was launched by the Aged Care Quality and Safety Commission (ACQSC) for residential aged care. The SIRS framework requires that all sexual assaults are reported as a Priority 1 incident, within 24 hours.

The focus on sexual assault continued in 2021 with the launch of a fact sheet on sexual assault, developed by ACQSC<sup>5</sup>, updated in 2022, and a national project called #ReadyToListen, focusing on sexual assault prevention.

## The #ReadyToListen project

The aims of the #ReadyToListen project are to improve responses to and prevent sexual assault in residential aged care. The project develops education and resources – including this resource for families.

The #ReadyToListen project is funded by the Australian Government Department of Health and led by the Older Persons Advocacy Network, in partnership with Celebrate Ageing Ltd and the Older Women's Network, New South Wales.

Go to the #ReadyToListen webpage for more information about all the topics outlined in this resource: <https://opan.org.au/support/support-for-professionals/ready-to-listen/>

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<sup>1</sup> The term sexual assault is used throughout this document to encompass unlawful sexual contact, unwanted sexual behaviour, sexual violence, sexual harassment, rape and sexual abuse.

<sup>2</sup> We use the term 'disclosed' in this resource to refer to the witnessing or reporting of sexual assault

<sup>3</sup> <https://agedcare.royalcommission.gov.au/publications/final-report>

<sup>4</sup> <https://www.agedcarequality.gov.au/consumers/serious-incident-response-scheme#compulsory%20reporting>

<sup>5</sup> <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

## What's in this resource

This resource has been developed for families of people who have been sexually assaulted in residential aged care. We hope the resource will assist families to understand sexual assault reporting requirements and the supports victims/survivors and their families can receive.

This resource begins by outlining the sexual rights of people living in residential aged care, including the right to be free from sexual assault.

It provides a definition of sexual assault and summarises the indicators of sexual assault, which are particularly important when the victim/survivor has dementia or is unable to provide a clear account of their sexual assault.

We then describe the impacts of sexual assault in residential aged care, with a particular focus on victims/survivors with dementia. This information is intended to challenge myths that sexual assault is less harmful for older victims/survivors and those with dementia. We want to ensure the impacts are understood, so that victims/survivors are supported and that strategies for prevention are prioritised.

Information is also provided on reporting requirements to SIRS and the Police. Finally, we outline strategies for supporting victims/survivors and some of the support and aged care advocacy services that are available.

This resource provides a relatively brief overview. More information on all topics covered in this resource are available on OPAN's #ReadyToListen webpage.

## Sexual rights

People living in residential aged care have sexual rights and responsibilities. This includes the right to engage in sexual activity, form new relationships and continue existing relationships. These rights are contingent on residents providing consent and ensuring their sexual activities do not infringe on the rights of others in the aged care home.

The sexual rights and responsibilities of people living in residential aged care are outlined in a *Charter of Sexual Rights and Responsibilities in Residential Aged Care*. This document has been developed to clarify where the boundaries are between consensual sexual activity and sexual assault.

If you would like to read or download a copy of the Charter of Sexual Rights and Responsibilities, please go to OPAN's #ReadyToListen webpage.

## Sexual consent

We have developed a resource on sexual consent. If you would like to read this resource, please go to OPAN's #ReadyToListen webpage.

## Sexual assault

The ACQSC<sup>6</sup> define sexual assault as any sexual activity by a staff member or volunteer; and any sexual activity without the resident's consent or where consent isn't possible.

### Indicators

Understanding the indicators of sexual assault can be important. Most victims/survivors of sexual assault in residential aged care are female, with high degrees of frailty; particularly dementia.<sup>7</sup> Many victims/survivors are unable to provide a clear verbal account of a sexual assault and are often not believed if they do.

Physical injuries may not always be present, perpetrators may cover up physical signs of trauma to hide the sexual assault. Indicators can include:

- Physical indicators  
Physical injuries can include bruises, pain, skin tears, bleeding, redness, swelling and fractures<sup>8</sup>; but these are not always present
- Behavioural or psychological indicators  
Behavioural and psychological indicators of sexual assault are more likely than physical indicators.<sup>9</sup> These can include: depression; anxiety; post-traumatic stress; social or emotional withdrawal; crying; sweating; trembling; distress; agitation; anger; violence; absconding; seeking comfort and security; being fearful of others; sleep disturbances; refusing to go to bed; going to bed fully clothed; refusing personal care or requesting a door lock<sup>10</sup>
- Victims/survivors living with dementia  
Victims/survivors of sexual assault in residential aged care who are living with dementia may present behaviour cues of distress following sexual assault, rather than verbal disclosures. These include<sup>11</sup> indirect statements about sexual assault; agitation; restlessness; being distraught; yelling; pacing; withdrawal; depression or changes in appetite; sleeping patterns or mood.

### Impacts

Understanding the impacts of the sexual assault of people living in residential aged care is important. There is a myth that sexual assault does not cause harm in

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<sup>6</sup> <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

<sup>7</sup> <https://pubmed.ncbi.nlm.nih.gov/28402419/>

<sup>8</sup> <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

<sup>9</sup> <https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

<sup>10</sup> <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

<sup>11</sup> <https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

residential aged care<sup>12</sup> because older people living with dementia won't remember sexual assault, won't be distressed and don't experience trauma.

On the contrary, evidence shows that sexual assault is no less serious when the victim/survivor is living with dementia.<sup>13</sup> This needs to be understood to ensure victims/survivors are supported and strategies for prevention are implemented. Service providers who do not believe sexual assault is harmful are unlikely to support the victim/survivor and are unlikely to prioritise prevention. The impacts of sexual assault in residential aged care includes the following:

- High rates of mortality, physical injury and delirium, and protracted PTSD;<sup>14</sup>
- Physical injuries including long term health conditions, exacerbation of existing injuries or conditions,<sup>15</sup> and higher rates (compared to younger women) of genital trauma, aches and pains, cuts and bruises, and sexually transmitted diseases;<sup>16</sup>
- Fear of perpetrator reoffending may lead to resident distress, insomnia and general failure to thrive;<sup>17</sup>
- Older people with cognitive impairment such as dementia may have delays in processing and impaired communication that potentially compounds the trauma of sexual assault.<sup>18</sup>

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<sup>12</sup>[https://www.health.gov.au/sites/default/files/documents/2020/06/prevalence-study-for-a-serious-incident-response-scheme-sirs\\_0.pdf](https://www.health.gov.au/sites/default/files/documents/2020/06/prevalence-study-for-a-serious-incident-response-scheme-sirs_0.pdf)

<sup>13</sup><https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

<sup>14</sup>Ibid.

<sup>15</sup>Bows, Hannah (2019). Violence against older women. Nature and extent. Springer Link

<sup>16</sup>Ibid.

<sup>17</sup>opalinstitute.org/margarita

<sup>18</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)

## Reporting sexual assault

Sexual assault in residential aged care must be reported to SIRS and in some cases it must also be reported to the Police.

### Serious Incident Response Scheme

Residential aged care service providers must report all sexual assaults to the Serious Incident Response Scheme as a Priority 1 incident within 24 hours. This reporting and monitoring scheme is managed and coordinated by the Aged Care Quality and Safety Commission

### Reporting to the Police

The ACQSC's fact sheet on sexual assault notes that reporting to the police should occur where there are 'reasonable grounds' to do so.<sup>19</sup> However, this term requires greater clarity as sexual assault laws vary in each state and territory<sup>20</sup>

Some police guidelines suggest that sexual assault should be reported to police as soon as the service provider becomes aware or has reasonable suspicion; and that reporting should not wait until an allegation is substantiated.<sup>21</sup> The following recommendations may be useful:

- a victim/survivor who has capacity to make the decision may decide not to report their sexual assault to the police
- a victim/survivor who has capacity to make the decision may decide not to be interviewed by police or participate in the investigation – but may still choose to have their sexual assault reported to the police
- where a victim/survivor does not have capacity, the decision to report to police can be made by a non-offending substitute decision-maker.
- where the alleged perpetrator is, or was, a staff member or volunteer, police can assist in investigating the allegations
- where the victim/survivor or other residents are still at risk, reporting to the police can help to prevent further sexual assault.

It is important to note that not every police report will result in an arrest and charges. Police will consider a wide range of legal, practical and social issues prior to progressing.

For more information on reporting to police, read the #ReadyToListen guidelines on police reporting or contact your local police station and ask them about reporting options.

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<sup>19</sup> <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

<sup>20</sup> <https://aifs.gov.au/publications/sexual-assault-laws-australia>

<sup>21</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)



## Supporting victims/survivors

In this section we outline supportive responses to victims/survivors of sexual assault in residential aged care, as well as support services.

### Supportive responses

Victims/survivors who are not supported after sexual assault are more likely to have mental health issues and difficulty healing from the trauma of sexual assault.<sup>22</sup> General strategies that can be useful when sexual assault is disclosed are outlined below.

#### **Start by believing<sup>23</sup>**

It can be very difficult to hear that a family member, or someone you care about has been sexually assaulted. Listening to and believing victims/survivors who disclose sexual assault is critical. It helps to ensure they get the support they need, and it enables staff to take steps to prevent further sexual assault. Listen closely, with empathy and without judgement.

#### **Develop a safety plan**

Staff should take immediate action to secure the victim/survivor's safety and prevent further sexual assault. This generally involves separating the victim/survivor from the perpetrator.

After securing the victim/survivor's immediate safety it is important to develop a safety plan; which includes asking the victim/survivor what they need to feel safe. If the victim/survivor is unable to communicate, ask staff what they are doing to make sure the resident is safe and is reassured about their safety.

#### **Seek medical attention**

Ensure the victim/survivor receives immediate medical attention. In an emergency call 000 (triple zero) to arrange an ambulance. If not an emergency, call the resident's GP. Check with GP and police whether forensic examination is required.

### Support services

There are services that can support victims/survivors of sexual assault in residential aged care and their families. These include sexual assault services and aged care advocacy services.

#### **Sexual Assault Services**

Sexual assault services may be able to provide phone support or visit the aged care residence. They may also be able to provide counselling to non-offending family members. Sexual assault services can be invaluable, even if the resident is unable to communicate.

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<sup>22</sup> Hegarty, K., Tarzia, L., Rees, S., Fooks, A., Forsdike, K., Woodlock, D., Simpson, L., McCormack, C., Amanatidis, S. (2017). *Women's Input into a Trauma-informed systems model of care in Health settings (The WITH Study) Final report* (ANROWS Horizons 02/2017). Sydney: ANROWS.

<sup>23</sup> <https://www.startbybelieving.org/>

- Contact 1800 RESPECT (1800 737 732) 24 hours a day and ask to speak with one of their counsellors and ask them for details of your local sexual assault services; or
- Contact Full Stop Australia or 1800FULLSTOP who 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/>

When contacting your local sexual assault service, ask what services they provide and if they can provide counselling for the victim/survivor. Consider reading the #ReadyToListen, *Guide to Contacting a Sexual Assault Service* to understand what you can expect.

### **Aged Care Advocates**

Victim/survivors have the right to access an aged care advocate. An aged care advocate can support, listen and can also do the following:

- Provide the victim/survivor with information about their rights and the service providers responsibilities;
- Support the victim/survivor to report sexual assault to management at their aged care home;
- Support the victim/survivor to make a formal complaint to the Aged Care Quality and Safety Commission;
- Support the victim/survivor to discuss and plan for their ongoing safety and wellbeing with the aged care home;
- Assist the victim/survivor to look alternative aged care homes if this is their preference.

The Older Persons Advocacy Network, or OPAN, provide free, independent, and confidential advocacy support for people living in residential aged care. The support provided by an aged care advocates is directed by you. They can support you to have your voice heard and to make sure you are supported and safe. You can contact OPAN by phone 1800 700 600.

### **Making a complaint**

The Aged Care Quality and Safety Commission 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).

You can contact the Commission to make a complaint about your sexual assault or the way it was managed. An OPAN aged care advocate can support you to make a complaint. Call: 1800 951 822 (9am-5pm, Monday to Friday) or check their website at: <https://www.agedcarequality.gov.au/>