READY TO LISTEN

The #ReadyToListen Map Guidelines

A Framework for Improving Responses to, and Preventing, Sexual Assault in Residential Aged Care

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OPAN Older Persons Advocacy Network

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Contents

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The #ReadyToListen project
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More information: More free resources on #ReadyToListen can be found here: https://opan.org.au/ready-to-listen

Important definitions

Guidelines
These guidelines have been developed to support residential aged care service providers improve responses to, and prevent, sexual assault in residential aged care. They 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)[1] made under section 96-1 of the Aged Care Act 1997.

Sexual assault
The definition of sexual assault varies across each state/territory.[2] 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)*[3] 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;
  (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.

[1] https://www.legislation.gov.au/Details/F2021C00887
[2] Ibid.
[3] https://www.legislation.gov.au/Details/F2021C00887

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[4], as well as people who may induce or assist others to engage in the sexual assault[5]. The term perpetrator is used to reinforce the serious nature of sexual assault.[6]

Disclosure
The word disclosure is used by a number of key services[7,8] 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[9], particularly to illustrate that a sexual assault has been committed.[10] The term survivor often refers to a person who is going through or has gone through a recovery process.[11] 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[12]. 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.

[4] https://www.police.vic.gov.au/sites/default/files/2019-02/Victoria-Police-Reporting-Guidelines--v12-2_7Mar16_gvr.pdf
[5] Ibid.
[6] https://plan4womenssafety.dss.gov.au/wp-content/uploads/2015/04/glossary-web_national_outcome_standards_for_perpetrator_interventions.pdf
[7] https://www.racgp.org.au/afp/2015/march/disclosures-of-sexual-abuse-what-do-you-do-next
[8] https://aifs.gov.au/publications/responding-young-people-disclosing-sexual-assault
[9] https://www.police.vic.gov.au/sites/default/files/2019-02/Victoria-Police-Reporting-Guidelines--v12-2_7Mar16_gvr.pdf
[10] https://sakitta.org/toolkit/docs/Victim-or-Survivor-Terminology-from-Investigation-Through-Prosecution.pdf
[11] Ibid.
[12] https://www.mondaq.com/australia/crime/1136522/affirmative-sexual-consent-laws-passed-in-new-south-wales

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)

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.[13] 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[14].

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[15]. 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[16]
- physical injuries, including long term health conditions, exacerbation of existing injuries or conditions[17]
- higher rates of genital trauma, aches and pains, cuts and bruises, and sexually transmitted diseases, compared to younger women[18]

[13] https://www.gen-agedcaredata.gov.au/Resources/Reports-and-publications/2020/September/Report-on-the-operation-of-the-Aged-Care-Act
[14] https://www.health.gov.au/news/announcements/2019-20-report-on-the-operation-of-the-aged-care-act-1997
[15] https://www.health.gov.au/resources/publications/prevalence-study-for-a-serious-incident-response-scheme-sirs
[16] https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf
[17] Bows, Hannah (2019). Violence against older women. Nature and extent. Springer Link
[18] Ibid.

- fear of perpetrator reoffending resulting in distress, insomnia and general failure to thrive.[19]
- delays in processing and impaired communication, which potentially compounds the trauma of sexual assault.[20]

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,[21] which estimated there are 50 sexual assaults in residential aged care each week. A Serious Incident Response Scheme (SIRS)[22] 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,[23] 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[24] notes 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.

[19] opalinstitute.org/margarita
[20] https://www.nsvrc.org/sites/default/files/Elder_Sexual_Assault_Technical-Assistance-Manual.pdf
[21] https://agedcare.royalcommission.gov.au/publications/final-report
[22] https://www.agedcarequality.gov.au/consumers/serious-incident-response-scheme#compulsory%20reporting
[23] https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf
[24] https://www.agedcarequality.gov.au/providers/code-conduct-aged-care-information-providers

The #ReadyToListen Project

In 2021, the Older Person's 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 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 an audit tool.

The MAP outlines the **M**yths, facts **A**nd **P**ractical 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.

The guidelines outlined in this resource summarise the 10 elements. For most elements there are additional resources for service providers who want to understand the element in greater depth.

The MAP Guidelines have been developed and reviewed by a team with broad-based expertise in residential aged care and sexual assault. The engagement of such a broad range of key stakeholders has enabled us to consider sexual assault prevention from several perspectives. This has strengthened the resources.

MAP 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.

MAP 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.

MAP 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.

MAP 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.

MAP 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.

MAP 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.

MAP 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 professionally expected.

MAP Element 8: Providing trauma-informed residential aged care
The service implements practical strategies to promote trauma-informed responses that support victim/survivors, other residents and staff.

MAP 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.

MAP Element 10: Protection, prevention and service improvement
The organisation has a sexual assault policy or guidelines and audits its service against the #ReadyToListen MAP Guidelines to identify and make improvements.

MAP Guidelines and supporting documents

The MAP Guidelines are the central point of focus for the #ReadyToListen project, and it is important to understand where they sit in the suite of resources that has been developed. The suite includes insights from population-specific MAPS, quality improvement tools and element-specific resources, as shown in the figure below.

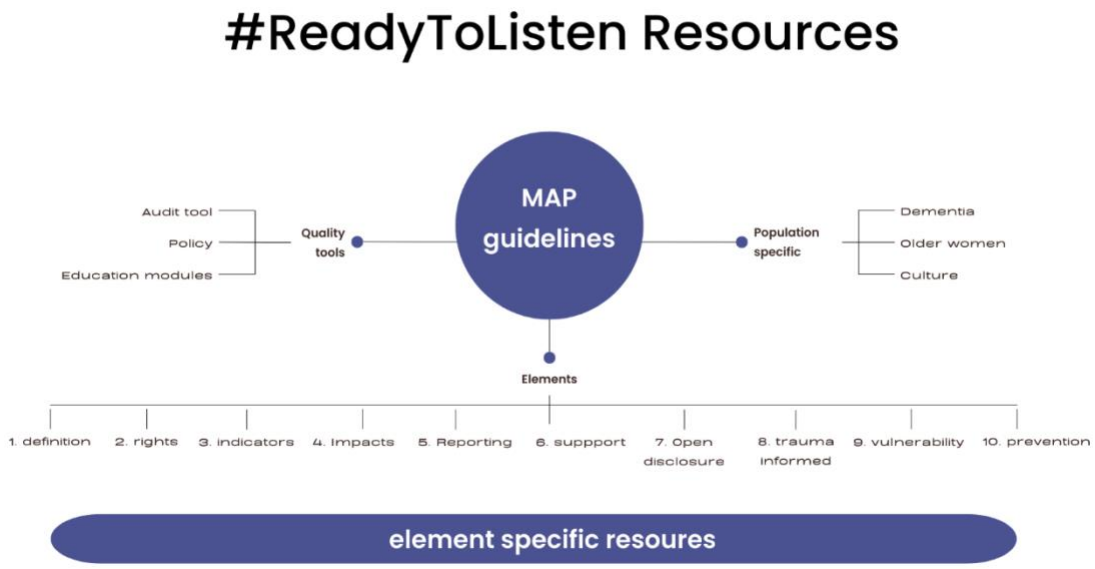

Figure 1: MAP Guidelines and supporting documents

Quality improvement tools include the #ReadyToListen Audit Tool, a Policy Kit and online education modules for one-on-one learning or a train-the-trainer approach.

The population-specific MAPs represent a process of learning from people who are vulnerable to sexual assault, particularly older women and people living with dementia. A third MAP was developed to explore how values and beliefs about older people's sexuality and sexual assault change across groups of older people and service providers – and between individuals. The learnings from each population-specific MAP were incorporated into the MAP Guidelines.

The element-specific resources are predominately printable guides and films for service providers, with a number of printable documents also produced for residents and their families.

Service providers using the MAP guidelines can access the whole suite of resources to deepen their understanding of the elements.

How to use the MAP Guidelines

There are a number of ways the guidelines can be used to create change. We suggest an approach that acknowledges the complexity of the change required and focuses on organisational policy or guidelines, staff education and information for residents and their families. To achieve this, suggested steps include:

- read the MAP Guidelines
- review all #ReadyToListen resources
- undertake an audit of your service using the #ReadyToListen Audit Tool
- review audit results and plan improvements
- review the #ReadyToListen online education tools and
    - deliver mandatory education for staff on #ReadyToListen
    - invite local sexual assault service to provide education about their service
    - update education annually
    - facilitate staff debriefings when sexual assault is disclosed
- download the Policy Kit and localise a policy, or add sexual assault guidelines to your existing incident management policy
- display #ReadyToListen posters in staff rooms
- provide residents and families with copies of the #ReadyToListen guidelines for families and residents and the Charter of Sexual Rights and Responsibilities in Residential Aged Care
- Repeat the #ReadyToListen audit to identify improvements and further opportunities for improvement.

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

Map Elements

Each of the MAP elements outlined in this resource include the following information:

- a summary statement of the element
- myths that need to be debunked
- facts staff need to know
- practical strategies and resources from the #ReadyToListen project.

All the resources can be found at the #ReadyToListen webpage on the OPAN website: https://opan.org.au/support/support-for-professionals/ready-to-listen/

Element 1: Understanding sexual assault definitions and prevalence

Summary of the element

Education and resources are provided to ensure staff understand sexual assault definitions and prevalence.

Myths

- There is a myth that old age is a protective factor against sexual assault and that sexual assault doesn't happen in residential aged care
- This myth that old age is a protective factor against sexual assault comes from the misconception that older people are not sexually assaulted because they are not sexually attractive
- There is a myth that sexual assault is rare.

Facts

- Sexual touching (or conduct) without consent is sexual assault[25]
- Most sexual assaults are motivated by power and control[26] rather than sexual attraction. The motivations may be different where a resident perpetrator is cognitively impaired and does not understand that what they are doing is sexual assault
- The Aged Care Quality and Safety Commission[27] defines sexual assault (unlawful sexual contact or inappropriate sexual conduct) as: any conduct or contact of a sexual nature inflicted on a resident by a staff member or volunteer; any sexual contact without the resident's consent or against their will; where consent is not possible for other reasons, such as lack of capacity
- The Aged Care Royal Commission[28] estimated there are 50 sexual assaults in residential aged care each week
- Sexual assault is not rare – but is less likely to be reported because victim/survivors have been silenced and education has not been provided to service providers or the community.

[25] https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf
[26] https://www.who.int/violence_injury_prevention/resources/publications/en/guidelines_chap2.pdf
[27] https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf
[28] https://agedcare.royalcommission.gov.au/publications/final-report

Practical strategies and #ReadyToListen resources

- Staff education is required to clarify the definition of sexual assault and explore staff understanding of what sexual assault is, and is not
- Display the #ReadyToListen reporting poster, which includes the definition of sexual assault, in staff office or intranet
- Include a definition of sexual assault in the organisation's sexual assault policy, incident management policy or similar.

Element 2: Clarifying sexual rights and consent

Summary of the element

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

Myths

- There is a myth that older people don't have sexual rights or responsibilities
- There is a myth that sexual activity between people with dementia does not require consent and could never be considered sexual assault
- There is a myth that all residents who do not appear distressed have consented to sexual activity.

Facts

- All residents have sexual rights and responsibilities; sexual expression is a critical part of human wellbeing
- Sexual consent should be provided for every sexual activity, every time[29]
- If a resident 'does not say no' to sexual activity – that does not mean they have consented
- The absence of distress is not sexual consent
- The signs of distress in residents living with dementia may be missed,[30] attributed to their dementia, or a deterioration in their health
- Sexual consent requires free agreement[31] to sexual activity and a person cannot be said to freely agree if they are fearful, are being manipulated, are experiencing undue influence, are being threatened, have mistaken the identity of the person or the nature of the sexual act, are incapable of consenting, wrongly believe the act is for medical/care purposes or if they were under the authority or trust of the alleged offender.

Practical strategies and #ReadyToListen resources

- Provide staff with access to the Charter of Sexual Rights and Responsibilities and ensure staff education covers the Charter – including staff rights and responsibilities
- Provide residents and their families with access to the Charter

[29] https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf
[30] https://www.opalinstitute.org/uploads/1/5/3/9/15399992/researchreport.pdf
[31] https://www.abs.gov.au/ausstats/abs@.nsf/lookup/by%20subject/4510.0~2014~main%20features~sexual%20assault~10

- Clarify the organisation's approach to sexual consent – before incidents occur – and provide staff education on what to do when consent is unclear, for example, arrange an assessment by a Geriatrician or DBMAS[32] to determine resident's capacity. Education should also assist staff to differentiate between assent and affirmative approaches to consent.

[32] https://dementia.com.au/

Element 3: Assessing the indicators of sexual assault

Summary of the element

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

Myths

- There is a myth that it would be easy to identify if a resident was sexually assaulted
- There is a myth that the indicators of sexual assault are all physical and related to genital trauma, bruising and body fluids
- There is a myth that all residents who report sexual assault are remembering a childhood sexual assault, have confused intimate care, or have a urinary tract infection or are unwell.

Facts

- The physical indicators of sexual assault can include bruises, pain, skin tears, bleeding, redness, swelling and fractures[33], but these are not always present
- Perpetrators may cover up any signs of trauma to hide the sexual assault
- Behavioural or psychological indicators of sexual assault are more likely that physical indicators[34] and 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[35]
- Victim/survivors with dementia experience trauma; the suggestion that victim/survivors 'won't be distressed or won't remember' is not an acceptable justification for sexual assault, nor for inaction to prevent sexual assault. Sexual assault is no less serious because the victim/survivor has dementia[36]
- People with dementia may present behaviour cues of distress following sexual assault rather than verbal disclosures, and these include[37] indirect statements about sexual assault, agitation, restlessness, being distraught, yelling, pacing, withdrawal, depression, or changes in appetite, sleeping patterns or mood.

[33] https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf
[34] https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf
[35] https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf
[36] https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf
[37] https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf

Practical Strategies

- Provide education for staff on the indicators of sexual assault to ensure they are not missed or attributed to other factors (such as a decline in the resident's health)
- Provide staff education on indicators of sexual assault for victims/survivors with dementia
- Ensure the sexual assault or incident management policy outlines next steps staff are required to follow after they have identified indicators of sexual assault.

Element 4: Identifying the impacts of sexual assault

Summary of the element

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

Myths

- There is a myth that sexual assault does not cause harm to residents[38]
- There is a myth that sexual assault is less traumatic because residents won't remember
- There is a myth that the impacts of sexual assault in residential aged care can be easily ranked or rated.

Facts

- Humans do not stop being harmed by sexual assault because they are old or have dementia
- Sexual assault disempowers and dehumanises victims/survivors and trauma is not dependent on the 'degree' of sexual assault[39]
- Residents who are sexually assaulted experience high rates of mortality, physical injury and delirium, as well as protracted PTSD[40]
- Physical injuries include long term health conditions, exacerbation of existing injuries or conditions,[41] and higher rates of genital trauma, aches and pains, cuts and bruises, and sexually transmitted diseases compared to younger women[42]
- Fear of perpetrator reoffending may lead to resident distress, insomnia and general failure to thrive[43]
- Older people with cognitive impairment such as dementia may have delays in processing and impaired communication which potentially compounds the trauma of sexual assault[44]

Practical Strategies

- Provide staff education on the impacts of sexual assault, including for residents with dementia and those unable to communicate
- Provide staff education to explore the ageism, ableism and sexism underpinning the belief that sexual assault is not harmful in residential aged care

[38] https://www.health.gov.au/sites/default/files/documents/2020/06/prevalence-study-for-a-serious-incident-response-scheme-sirs_0.pdf
[39] Laura Tarzia: See opalinstitute.org/map for seminar on impacts
[40] https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf
[41] Bows, Hannah (2019). Violence against older women. Nature and extent. Springer Link
[42] Ibid.
[43] opalinstitute.org/margarita
[44] https://www.nsvrc.org/sites/default/files/Elder_Sexual_Assault_Technical-Assistance-Manual.pdf

- Provide staff education on the role of understanding impacts in planning to meet the victim/survivor’s care needs.

Element 5: Complying with reporting requirements

Summary of the element

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

Myths

- There is a myth that sexual assault disclosures do not have to be reported if there is no obvious evidence that sexual assault occurred
- There is a myth that sexual assault disclosures do not have to be reported until there is an internal investigation
- There is a myth that there is nothing the Police can do.

Facts

- All aged care services must have an effective incident management system in place and responding to sexual assault disclosures should be included within this
- All sexual assault disclosures must be reported through SIRS[45] as a Priority 1 incident (within 24 hours), whether or not staff believe a sexual assault occurred and whether or not there is 'evidence'
- The Police have a role to play in providing safety to at-risk persons, gathering forensic evidence, determining whether charges can be laid, assisting the legal process to hold perpetrators to account, keeping records of allegations and any evidence – whether or not a perpetrator is charged or convicted
- A victim/survivor who has capacity to make the decision may decide not to report their sexual assault to the Police – please read the #ReadyToListen Guidelines for Police Reporting
- Staff who witness or receive report of a sexual assault need to inform a supervisor or manager[46] of the sexual assault and discuss whether the Police have been notified.

Practical Strategies

- Ensure the organisation's sexual assault policy or incident management system includes guidelines for reporting sexual assault internally, to SIRS and to the Police
- Read the #ReadyToListen Guidelines for Reporting to the Police
- Staff education is provided on processes for internal reporting, reporting to SIRS and reporting to the Police.

[45] https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf
[46] https://www.legislation.gov.au/Details/C2017C00241

Element 6: Providing immediate safety and support

Summary of the element

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.

Myths

- There is a myth that victims/survivors don't need or want supports such as sexual assault and advocacy services
- There is a myth that support services and safety strategies are not required if sexual assault has not been 'proven'
- There is a myth that residents with dementia won't remember sexual assault, so staff and families should not talk about it.

Facts

- Victim/survivors who are not supported after sexual assault are more likely to have mental health issues and difficulty healing from the trauma[47]
- Victim/survivors in residential aged care can benefit significantly from accessing sexual assault and other trauma services
- Victim/survivors who cannot communicate still benefit from reassurances about their safety
- To start by believing[48] when sexual assault is disclosed is an important part of victim/survivor support
- Offering the victims/survivors access to an OPAN advocate[49] can help to ensure they are supported and safe
- Safety plans promote the safety of the victim/survivor,[50] and help them to feel safe, as well as ensuring they are safe.

Practical Strategies

- Ensure organisation's sexual assault policy or risk management system outlines process for medical assessment, offers victims/survivors access to sexual assault services (read the #ReadyToListen Guide to Contacting a Sexual Assault Service) and an OPAN advocate and outlines strategies to promote safety of the victim/survivor

[47] https://www.anrows.org.au/publication/womens-input-into-a-trauma-informed-systems-model-of-care-in-health-settings-the-with-study-final-report/
[48] https://www.startbybelieving.org/
[49] https://opan.org.au
[50] https://www.1800respect.org.au/help-and-support/safety-planning

- Provide education for staff on the importance of support and advocacy and strategies for these outlined in the sexual assault policy or risk management system
- Review the #ReadyToListen Learning Activity Pack and adapt the safety planning template to the fit your organisation’s documentation – and provide staff education on the template.

Element 7: Practicing Open Disclosure

Summary of the element

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

Myths

- There is a myth that talking about sexual assault 'makes it worse' or increases distress for the victims/survivors, family members and others
- There is a myth that if staff don't talk about sexual assault, it will go away (for example, that it doesn't happen here)
- There is a myth that if service providers apologise for sexual assault, they are placing the organisation at risk of litigation.

Facts

- The most effective way to prevent sexual assault is to talk about it, this builds staff awareness and capacity to prevent sexual assault
- Open Disclosure is about communicating in ways that acknowledge what the resident has experienced and promotes safety. It's not about a legal process or services admitting fault[51]
- Providing an apology in writing can assist in emphasising the regret
- Failure to acknowledge sexual assault places the resident at risk of further sexual assault; it also places staff at risk of failing their duty of care and the service at risk of failing the meet the Standards for Aged Care
- The ACQSC will assess how service providers have applied Open Disclosure in their service when sexual assault is disclosed.

Practical strategies

- Provide staff with education on the #ReadyToListen Open Disclosure Framework for Sexual Assault
- Encourage staff to apologise to the victim/survivor and their family (where appropriate) and identify what went wrong and how further sexual assaults can be prevented
- Provide victims/survivors with information on how to contact ACQSC to make a complaint about the sexual assault and/or the way it was managed.

[51] https://www.agedcarequality.gov.au/resources/open-disclosure

Element 8: Providing trauma-informed residential aged care services

Summary of the element

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

Myths

- There is a myth that sexual assault is not a traumatic event for residents
- There is a myth that residential aged care service providers are not traumatised/retraumatised when residents are sexually assaulted
- There is a myth that trauma support only needs to be provided after an incident.

Facts

- Trauma is an event or events (such as sexual assault) that create a physical, emotional and psychological response to threat and harm.[52] Residents who are sexually assaulted experience trauma
- Trauma-informed practice can assist victims/survivors who are sexually assaulted in residential aged care and those sexually assaulted prior to their admission
- Trauma-informed services support victims/survivors to recover from sexual assault by understanding the impacts of sexual assault on their lives and by ensuring they are believed and heard[53,54,55]
- Most staff in residential aged care have someone in their life who has experienced sexual assault – resident sexual assault may result in secondary trauma of staff
- Trauma-informed services acknowledge the experiences of service providers[56]
- Trauma-informed residential aged care services promote dignity, respect and listening to residents and staff every day.

Practical strategies

- Read the #ReadyToListen Trauma-Informed Residential Aged Care and Sexual Assault Guide and provide staff education on trauma-informed approaches

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[52] https://blueknot.org.au/resources/understanding-trauma-and-abuse/

[53] https://www.anrows.org.au/publication/implementing-trauma-informed-systems-of-care-in-health-settings-the-with-study-state-of-knowledge-paper/

[54] https://www.childabuseroyalcommission.gov.au/sites/default/files/file-list/Research%20Report%20-%20Principles%20of%20trauma-informed%20approaches%20to%20child%20sexual%20abuse%20A%20discussion%20paper%20-%20Treatment%20and%20support%20needs.pdf

[55] https://www.anrows.org.au/publication/womens-input-into-a-trauma-informed-systems-model-of-care-in-health-settings-the-with-study-final-report/

[56] https://www.rape-dvservices.org.au/resources/for-psychologists-and-counsellors/about-vicarious-trauma

- Facilitate staff debriefing following sexual assault disclosure to identify strategies to support residents and staff
- Promote respect for, and listening to, staff and residents every day.

Element 9: Recognising and reducing resident vulnerability

Summary of the element

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

Myths

- There is a myth that old age is a protective factor against sexual assault.
- There is a myth that no aged care service providers would ever sexually assault a resident
- There is a myth that people who perpetrate sexual assault have a criminality that is instantly recognisable.[57]

Facts

- Most victim/survivors of sexual assault in residential aged care are female residents with high degrees of frailty, particularly dementia[58]
- Some perpetrators target older women with dementia because they cannot call for assistance or are unlikely to be believed if they report sexual assault[59]
- Male residents may also experience sexual assault
- Trans and gender diverse residents are likely to experience sexual assault in residential aged care given a lifetime of sexual assaults motivated by transphobia[60]
- Most perpetrators are male,[61] and this includes staff, volunteers, residents, family members, visitors and intruders
- Staff who perpetrate sexual assault may be valued staff members[62]
- The lack of education, resources and policy on sexual assault has contributed to resident vulnerability to sexual assault
- Our attitudes towards victims/survivors make them vulnerable to sexual assault.

Practical strategies

- Provide staff education on victim/survivor and perpetrator characteristics and strategies for reducing the associated vulnerability
- Encourage discussion with staff on the role attitudes towards older people and people with dementia play in vulnerability to sexual assault

[57] https://www.opalinstitute.org/uploads/1/5/3/9/15399992/monstermyth.pdf
[58] https://pubmed.ncbi.nlm.nih.gov/28402419/
[59] https://www.opalinstitute.org/uploads/1/5/3/9/15399992/researchreport.pdf
[60] https://www.opalinstitute.org/uploads/1/5/3/9/15399992/cookdaniels.pdf
[61] https://pubmed.ncbi.nlm.nih.gov/28402419/
[62] https://www.opalinstitute.org/uploads/1/5/3/9/15399992/researchreport.pdf

- Provide staff debriefing after sexual assault to identify the factors that contributed to victim/survivor vulnerability.

Element 10: Protection, prevention and service improvement

Summary of the element

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

Myths

- There is a myth that sexual assault does not occur in residential aged care services if it is not disclosed – and only needs to be addressed when it is occurs
- There is a myth that some services are lucky their residents are not sexually assaulted
- There is a myth that sexual assault is not a serious issue because there have been no resources to support prevention, and limited reporting requirements.

Facts

- Older people are at risk of sexual assault in every residential aged care home; and the risk increases significantly when there is no education or policy to guide staff on preventing sexual assault
- Every residential aged care home needs to identify the potential risk of sexual assault and take steps to protect residents
- Every aged care service is accountable for the delivery of safe care,[63] including safety from sexual assault
- Preventing sexual assault is not about luck – it's about service improvement, education and strategies to promote sexual safety
- Organisations are expected to have systems and processes that help them identify, assess, and remove risks,[64] including the risk of sexual assault
- Aged care services need to have systems in place to manage high-impact, high-prevalence risks[65] such as sexual assault, and have strategies in place to ensure risk reduction is effective.

Practical strategies

- Provide education on sexual assault for staff on an annual basis and after sexual assault has been disclosed
- Use the #ReadyToListen Policy Kit to develop a sexual assault policy (or include sexual assault in your incident management system) to guide staff on responses and prevention

[63] https://www.agedcarequality.gov.au/providers/standards/standard-8
[64] Ibid.
[65] Ibid.

- Audit your service against the #ReadyToListen Audit tool annually to identify and reduce potential risks.

Useful resources

Please go to the #ReadyToListen webpage for more resources on improving response to and preventing sexual assault. Web: https://opan.org.au/support/support-for-professionals/ready-to-listen/

Support services

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. An OPAN advocate can provide victims/survivors with information about their rights and help to make sure they are safe. An aged care advocate will listen to victims/survivors and can

- provide information about victims/survivors' rights and service providers' responsibilities
- support victims/survivors to report sexual assault to management in their aged care home
- Support victims/survivors to make a formal complaint to the Aged Care Quality and Safety Commission
- Support victims/survivors to discuss and plan for their ongoing safety and wellbeing with their aged care home
- Assist victims/survivors to look for alternative aged care homes, if this is their preference.

The OPAN information and advice line can connect victims/survivors with an advocate from one of their state/territory-based services who can advocate on their behalf. Call 1800 700 600 or check the website at: https://opan.org.au

1800RESPECT

1800RESPECT is the National Sexual Assault, Domestic Family Violence Counselling Service. They can provide you with information on your local sexual assault service for counselling and debriefing. Call 1800 737 732 any time or check the website: https://www.1800respect.org.au/

1800FULLSTOP

Full Stop Australia is here 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 Aged Care Quality and Safety Commission

The Commission assesses the quality of care and services in residential aged care and manage 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. Call: 1800 951 822 (9am-5pm, Monday to Friday) or check their website here: https://www.agedcarequality.gov.au/