READY TO LISTEN

Open Disclosure and Sexual Assault in Residential Aged Care

Written by
Dr Catherine Barrett and Yumi Lee
2022

OPAN Older Persons Advocacy Network

celebrateageing Building respect for older people

OLDER WOMEN'S NETWORK NEW SOUTH WALES OWN

Contents

IMPORTANT DEFINITIONS **3**

INTRODUCTION **6**

THE COMPONENTS OF OPEN DISCLOSURE AND SEXUAL ASSAULT **9**

COMPONENT 1: IDENTIFY AND REPORT WHEN SEXUAL ASSAULT OCCURS 9
COMPONENT 2: ADDRESS IMMEDIATE NEEDS AND PROVIDE SAFETY....11
COMPONENT 3: PROVIDE AN APOLOGY 12
COMPONENT 4: FIND OUT AND EXPLAIN WHAT HAPPENED....15
COMPONENT 5: SUPPORT STAFF 16
COMPONENT 6: REDUCE RISK OF SEXUAL ASSAULT 19

USEFUL INFORMATION **22**

Acknowledgements
Thank you to the team who supported the development of this resource including Dr Catherine Barrett, Director, Celebrate Ageing Ltd and Coordinator #ReadyToListen project; Yumi Lee, CEO, Older Women's Network NSW; Helen Walker, Education Specialist, OPAN; and Anna Harrington, Senior Policy & NACAP Project Officer, OPAN.

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.

Suggested citation
Barrett, C. and Lee, Y. (2022). Open Disclosure and Sexual Assault in Residential Aged Care. Older Persons Advocacy Network. Melbourne. Available from: https://opan.org.au/support/support-for-professionals/ready-to-listen/

For more information contact
More free resources on #ReadyToListen website: https://opan.org.au/support/support-for-professionals/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. 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)[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;

---

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

Substitute decision-maker

A substitute decision-maker is a person who makes a health care or medical treatment decision for a person who has lost decision-making capacity. They are required to act in accordance with the person's rights, will and

---

[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

preferences. Generally, the substitute decision-maker's decision has the same legal effect as if the person had capacity and had made the decision themselves.

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 changes to policy on and awareness of sexual assault[13] in residential aged care. These followed the 2019 release of the Aged Care Royal Commission's final report,[14] which estimated there are 50 sexual assaults in residential aged care each week. Two years later, a Serious Incident Response Scheme (SIRS)[15] was launched for residential aged care services, which requires that all sexual assaults are now reported.

Other changes included the Aged Care Quality and Safety Commission (ACQSC) releasing a fact sheet on sexual assault in residential aged care[16], updated in 2022, and government funding for #ReadyToListen, a national project to prevent sexual assault in residential aged care.

The #ReadyToListen project

This resource was developed as part of the #ReadyToListen project, which aims to improve reporting and prevention of sexual assault in residential aged care. 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.

The resource is part of a suite of resources in a #ReadyToListen 'MAP', outlining the **M**yths, facts **A**nd **P**ractical strategies required to improve responses to sexual assault disclosure and to prevent sexual assault in residential aged care. The #ReadyToListen MAP has the following 10 key elements:

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

[13] We use the term 'sexual assault' to refer to unlawful sexual assault and inappropriate sexual conduct – this encompasses any non-consensual contact or conduct of a sexual nature.
[14] https://agedcare.royalcommission.gov.au/publications/final-report
[15] https://www.agedcarequality.gov.au/consumers/serious-incident-response-scheme#compulsory%20reporting
[16] https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf

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

About Open Disclosure and Sexual Assault:

The seventh element of the #ReadyToListen MAP is 'practicing open disclosure'. The concept of open disclosure is familiar to residential aged care service providers, through the ACQSC's Open Disclosure Framework for Aged Care Services,[17] which recognises the importance of open discussion following serious incidents.

The open disclosure approach is used across a range of services and was originally developed by the Australian Commission on Quality and Safety in HealthCare.[18]

Open disclosure is about communicating in ways that are honest, timely, ethically responsible, and professionally expected. It's not about a legal process or services admitting fault.

The Open Disclosure Framework is very relevant to improving responses to and preventing sexual assault in residential aged care. The Framework makes links to the Aged Care Standards which can be applied to the sexual assault context as follows:

- Standard 3(3b) Personal and clinical care: requires providers to effectively manage high-impact or high-prevalence risks such as sexual assault;
- Standard 6(3c) Feedback and Complaints: requires providers to use an open disclosure process when sexual assault is reported or is witnessed;
- Standard 8(3e) Organisational governance: requires providers to have a Clinical Governance Framework which includes open disclosure;
- Requirement 8(3)(d)(iv): requires service providers to have effective risk management systems and practices for managing and preventing incidents, including the use of an incident management system.

[17] https://www.agedcarequality.gov.au/resources/open-disclosure
[18] https://www.safetyandquality.gov.au/our-work/clinical-governance/open-disclosure

The ACQSC assesses service provider performance against the requirements of the Quality Standards, including assessment of open disclosure following sexual assault. In doing so, it will seek to understand how providers have applied open disclosure when sexual assault is reported or witnessed.

In their guide to open disclosure, the ACQSC notes that they will consider evidence of open disclosure of sexual assault as a positive sign that the organisation has effective systems to identify and monitor risk of sexual assault. It will monitor evidence that the organisation seeks to learn from sexual assaults to improve resident care and safety.

Evidence of open disclosure signals to the ACQSC the level of the service provider's partnership and engagement with residents to ensure their safety, health and wellbeing is at the centre of planning, delivering and evaluating their care.

Open disclosure is also about effective incident management systems. It focuses on identifying what happened, how and why it happened, and what can be done to prevent the incident reoccurring.[19]

About this resource

In this resource, the Open Disclosure Framework developed by ACQSC has been adapted to provide a guide for aged care services on open disclosure and sexual assault. The aims of this resource are to assist service providers understand victim/survivor safety needs; explore the role of apology, investigations and staff support; and identify practical strategies for prevention.

The resource introduces six components of open disclosure and applies them to the context of sexual assault in residential aged care. A summary of each component is presented, followed by suggested actions to promote open disclosure, plus a short case study to highlight the principles of open disclosure in practice.

The resource draws on the Effective Incident Management Systems: Best Practice Guidance, developed by ACQSC.[20]

The case studies are divided into two parts, the first part presents a scenario where there is no open disclosure. The second part repeats the scenario with open disclosure.

[19] https://www.agedcarequality.gov.au/resources/effective-incident-management-systems-best-practice-guidance
[20] https://www.agedcarequality.gov.au/sites/default/files/media/effective-ims-guidance-august-2021.pdf

The components of Open Disclosure and Sexual Assault

The components of open disclosure outline practical strategies for responding when sexual assault is disclosed. Five components have been adapted from the Open Disclosure Framework developed by ACQSC.

A sixth component (staff support) has been adapted from the Open Disclosure Framework developed by the Australian Commission on Quality and Safety in HealthCare.[21] Supporting staff recognises their humanness and models the valuing we are asking staff to provide to victims/survivors of sexual assault. It draws on the principles of trauma informed practice. The six components are illustrated in the figure 1 and described next.

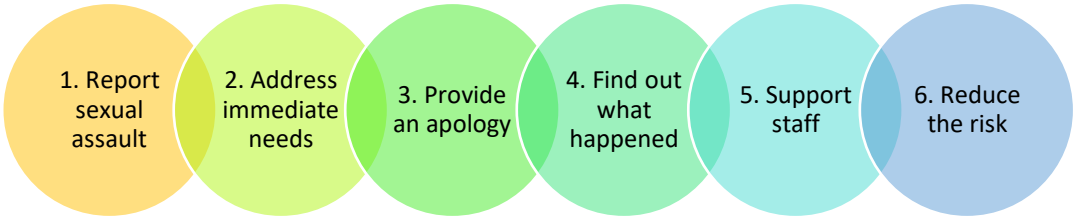

Figure 1: The Six Components of Open Disclosure for Sexual Assault

Component 1: Identify and report when sexual assault occurs

Summary of the component
Open disclosure begins with understanding the definition and indicators of sexual assault, the importance of believing residents who disclose sexual assault, and compliance with reporting requirements.

Suggested actions to promote open disclosure

1. Read the #ReadyToListen MAP Guidelines to clarify what sexual assault is
2. Read the #ReadyToListen Guidelines for Reporting to the Police
3. Start by believing[22] when sexual assault is disclosed
4. All sexual assaults must be reported to SIRS as a Priority 1 within 24 hours – this is not contingent upon either an internal investigation or whether there is 'proof' of sexual assault.

[21] https://www.safetyandquality.gov.au/our-work/clinical-governance/open-disclosure
[22] https://www.startbybelieving.org/

Case study (without open disclosure)

Two days after Angela came to live in the aged care home, she became very agitated and started to repeatedly call out that she had been raped. Angela became more agitated when male staff or residents came into her room. Staff tested her urine and reported that she did not have a urinary tract infection and concluded that she must have confused her continence care with a sexual assault, or that she was remembering a childhood sexual assault. Staff monitored her agitation and planned to ask her GP to increase her sedation if she didn't settle. Staff decided not to notify her family – because they felt it would upset them and because they didn't have evidence of a sexual assault.

Open disclosure approach

Two days after Angela came to live in the aged care home, she became very agitated and started to repeatedly call out that she had been raped. Angela became more agitated when male staff or residents came into her room. The team leader rang the on-call manager, who asked that a SIRS Priority 1 report was made, and family notified. Angela's family attended as soon as they were notified and reported bruises on her arms and thighs. A report was made to the police.

Component 2: Address immediate needs and provide safety

Summary of the component
Victims/survivors who have been sexually assaulted are provided with immediate support, including access to sexual assault services and an aged care advocate; and strategies are put in place to prevent further sexual assault.

Suggested actions to promote open disclosure

1. Read the #ReadyToListen MAP Guidelines to clarify strategies to provide immediate safety and support to the victim/survivor
2. Provide the victim/survivor and their family with the option to access an advocate from the Older Persons Advocacy Network (OPAN)
3. Read the #ReadyToListen Guidelines on Accessing Sexual Assault Services and provide the victim/survivor with information on accessing local sexual assault services
4. Ask the victim/survivor if they would like a support person to be contacted
5. Ask the victim/survivor what they need to feel safe, document a safety plan
6. Stop the perpetrator's access to the victim/survivor.

Case study (without open disclosure)
Angela's agitation continued and staff called her GP and asked to have her medication reviewed. Several increases in her sedation were made before she settled. Staff found it difficult to achieve a balance between settled and sedated. Her family were very concerned that Angela was sedated, but staff explained that her constant calling out was disturbing other residents.

Angela's family heard their mother calling out that she had been raped, but assumed she was confused, because the staff did not appear concerned.

Open disclosure approach
The clinical care coordinator arranged a meeting with Angela and her family. She told Angela's family that the night staff had reported a male resident had wandered into her room the night she began calling out that she was raped. They were not sure what had happened in the room and made a report to SIRS.

Angela's family visited her before the meeting with the care coordinator and reported there was bruising on both her arms. Following discussion, the clinical care coordinator and family agreed they would notify the police and Angela's GP.

A second meeting that same day was organised by the care coordinator, who outlined the steps the staff were taking to make sure Angela was safe and felt safe. Strategies documented in Angela's safety plan included the following:

- *Moving the male resident to another unit (with permission from his family) and letting Angela know that he was gone and couldn't hurt her any more*
- *Providing increased supervision of Angela's safety*
- *Letting Angela know that staff were checking in on her and reassuring her that she was safe*
- *Allocating female-only staff to care for her*

The care coordinator asked Angela's family what else they thought they could do to make sure Angela felt safe. Her family asked that:

- *They be contacted any time Angela was distressed, so that they could reassure her over the phone*
- *The male resident not be allowed close to her mother's room*
- *That Angela not be taken to the common areas of the aged care home, unless she explicitly asked or a family member was with her.*

The staff agreed to these requests and also provided Angela's family with information on support and advocacy services including:

- *The Older Persons Advocacy Network (OPAN) to advocate for Angela*
- *The number for the local sexual assault service, advising the family that the service could provide counselling for Angela and/or her family*
- *The number for the Aged Care Quality and Safety Commission if the family wanted to make a complaint.*

The care coordinator offered to update the family every day until Angela settled. They also offered to update the family on the outcomes of any investigation by the Aged Care Quality and Safety Commission or the Police.

Angela's family reported they felt reassured by the steps being taken by staff to support Angela and to make sure she was safe.

Component 3: Provide an apology

Summary of the component
Providing an apology when sexual assault is disclosed is not about saying who is at fault; it's about acknowledging what the victim/survivor has experienced or what has been reported. An apology communicates commitment to quality care for the resident and needs to be provided without reservation, as soon as possible, and by the most senior staff member.

Suggested actions to promote open disclosure
1. Understand and avoid defensive responses
    - Defensive responses can occur when service providers feel they are being criticised
    - Defensive responses can lead to staff downplaying what occurred e.g., comments like: It wasn't that bad, it wasn't really sexual assault, she won't remember because she has dementia etc
    - Defensive responses can lead to staff providing excuses or normalising sexual assault e.g., comments like: That's just because he has dementia, this happens all the time
    - Defensive responses can exacerbate the trauma for victims/survivors and their families

2. Apologise immediately, do not wait for the outcomes of an internal investigation to ‘prove’ whether there is evidence of sexual assault. If a sexual assault has been disclosed, it is time to apologise. Suggestions include:

    a. An immediate apology communicates that you are ready to listen victims/survivors needs and to learn how further sexual assaults can be prevented
    b. The apology should be sincere and unpromoted; residents and their advocates should not have to ask for an apology.

3. An apology should be comprehensive
    a. It can include words like:
        - I am sorry this happened
        - I am sorry to hear that
        - I am sorry you had that experience
    b. An apology should be provided to the victim/survivor, whether you are sure they understand the apology or not
    c. The apology should be given without reservation i.e.
        - Whether or not there is ‘proof’
        - Whether or not you believe the victim/survivor has been harmed
        - Whether or not you believe the victim/survivor consented
    d. The apology should acknowledge any difficulty or distress for the victim/survivor and their family or advocates

4. Ensure the apology comes from the most senior staff

5. Communicate to all staff that an apology has been provided

6. Provide staff with suggestions for interacting with resident and family e.g.: “I am sorry to hear what happened – please let me know if there is anything I can do.”

7. All improvements that are planned and implemented should be communicated to the resident or to their substitute decision-maker (where appropriate). This helps to demonstrate that the apology was genuine and that you are trying to make sure it doesn’t happen again

    Families who make a complaint to the ACQSC or contact the media with their story, may do so because they don’t feel heard. Many victims/survivors and their families will want to know that you are sorry and want to know that you are taking steps to make sure this doesn’t happen again.

Case study (without open disclosure)

Angela’s family felt reassured after the meeting with the clinical care coordinator and felt hopeful that strategies were being put in place to support Angela. However, a day after Angela disclosed sexual assault – the same male resident was in her room, she had male carers and was agitated and calling out that she had been sexually assaulted.

Angela's family approached the manager on duty and asked for an explanation. They were told that there was no evidence that Angela had been sexually assaulted and that people with dementia reported sexual assault all the time. The manager also told Angela's family that they didn't need to worry because even if she had been sexually assaulted, Angela would not remember, because she had dementia.

Angela's family tried to ring the CEO to make a complaint, they left a message, but did not hear back. A week later Angela was still distressed, and her family were told the care coordinator was on leave. The family contacted the ACQSC to make a complaint about the responses to Angela's sexual assault.

Open disclosure approach

When none of the planned safety strategies had been implemented, Angela's family rang and made an appointment to meet with the CEO. They explained to the CEO what had happened to Angela and how the agreed safety plan had not been implemented, how they felt dismissed by staff and that the perpetrator was still wandering into Angela's room.

The CEO was very apologetic in the meeting, reassuring Angela's family that everything would be done now to make sure Angela was safe. He called an urgent meeting with the care coordinator to ensure the safety plan was reinstated. Days later Angela's family noticed their mum was calmer, staff were more reassuring and popped into Angela's room more often when they were there. A week later Angela's family received a letter from the CEO that read:

> *I am writing to you in my role as CEO of [names the aged care home] and on behalf of all our directors and staff we want to apologise to you for failing to protect your mother from sexual assault, by a male resident and for failing to provide her with appropriate care and protection following the assault.*
>
> *We failed to meet our own expectations of providing safe quality care and services and we failed to meet your mother's and your expectations of safe quality care.*
>
> *While we spoke with you briefly about this matter back in [date], when we became aware of the assault, I wanted to make sure that you understand how much we all regret what has happened, and also what we have done to improve our understanding and response to sexual assault. We have taken comprehensive steps to ensure that should a situation arise again it would be handled with far greater sensitivity and competency than we were able to demonstrate in your mother's situation.*
>
> *If you consider that your mother or your family would benefit from additional support from sexual assault services or other professional services, we would be happy to assist with this.*
>
> *If there is anything more that we can do to help with your mother's recovery, please don't hesitate to contact me at any time on the below numbers. Please note that we have also provided your mother with a letter addressed to her expressing the same sentiments.*

Angela's family felt the staff were listening. When they met with the ACQSC, they were able to provide evidence of the letter from the CEO and report that they felt the aged care service had improved Angela's care and they felt she was safe again.

Component 4: Find out and explain what happened

Summary of the component
Gathering as much information as possible about the sexual assault will help staff to understand what occurred and will assist in explaining to the victim/survivor how further sexual assaults will be prevented.

Suggested actions to promote open disclosure

1. Read the #ReadyToListen Guidelines on Police reporting to determine whether police investigation will take place before an internal investigation

2. Gather information from a range of sources, where appropriate, such as:
   a. Interviews with the victim/survivor and their family
   b. Interviews with other residents where necessary
   c. Interviews with staff and volunteers where necessary
   d. Reviewing CCTV of activity in common areas.

3. Invite interviewees to share their perspectives on
   a. What happened
   b. What didn't happen or was missed
   c. What needs to change to prevent sexual assault from happening again
   d. What was said and what was not said e.g. was it reported immediately etc.

4. Understand that the fears and concerns of residents and families also hold opportunities for service improvements to prevent sexual assault

5. It is equally important to find out what did not happen, i.e. whether any organisational policies and guidelines were not followed

6. Residents, families and staff who are given permission to express their concerns and suggestions for improvement hold the key to preventing sexual assault from re-occurring.

Case study (without open disclosure)
When Angela said she had been raped, the manager did not implement the organisation's sexual assault incident response, because Angela has dementia. The manager thought that Angela could not be believed and that she did not appear to be harmed. Over the next week the resident sexually assaulted several other residents, and one sexual assault was witnessed by a family member. The family member reported the sexual assault to the manager and when the report was dismissed, the family member made a complaint to ACQSC.

Open disclosure version
When Angela said she had been raped, her disclosure was reported immediately to the manager of the aged care home and Angela's family. The manager also contacted the local police station, and the police attended that same day to speak with Angela, her family and staff. The police reviewed CCTV footage. After consultation with the police, the manager arranged meetings with staff and Angela's family to gather more information about what had occurred.

Through the process of talking to others, the manager identified that a male resident had been in Angela's room prior to her disclosure. The male resident had tried to sexually assault another female resident earlier that day.

The manager put in place immediate steps to prevent further sexual assault by the male resident (including urgent assessment and increased supervision). This information was communicated to Angela and her family.

Several other residents had heard Angela calling out and were concerned for their own safety. To address the growing resident concern, a meeting of residents and families was called to communicate that staff were aware of their concerns and had taken steps to ensure they were safe. This was done without identifying Angela or the male resident by name.

Component 5: Support staff

Summary of the component
Support for staff following sexual assault disclosure acknowledges the serious and distressing nature of sexual assault. It also demonstrates to staff the valuing support that they are being asked to provide to residents.

Suggested actions to promote open disclosure

1. Read the #ReadyToListen guide to Trauma Informed Residential Aged Care Services.

2. It is important to understand that many aged care service providers will have direct or indirect experience of sexual assault. In Australia, one in six women and one in 25 men have experienced sexual assault since the age of 15.[23] The rate of sexual assault is four times higher in Trans and Gender Diverse people.[24] Service providers who have experienced trauma (like sexual assault) may be retraumatised when a resident is sexually assaulted

3. It is important to recognise that talking about support for staff may seem inequitable in a context where resident victims/survivors are not believed or supported. The needs of victim/survivors should always be a priority – AND – alongside that, support for everyone in the home (staff, residents, volunteers)

[23] https://www.aihw.gov.au/getmedia/0375553f-0395-46cc-9574-d54c74fa601a/aihw-fdv-5.pdf.aspx?inline=true#:~:text=How%20common%20is%20sexual%20assault,12%20months%20before%20the%20survey
[24] Kirby Institute. Australian Trans & Gender Diverse Sexual Health Survey (2018). Available from: https://www.tgdsexualhealth.com/

can assist in creating culture change

4. Support for staff recognises that compassionate care providers may be devastated to learn that a resident has been sexually assaulted

5. Staff may be particularly upset if the alleged perpetrator is a valued colleague or if they feel to blame for not protecting the victim/survivor

6. Supporting staff is also critical to providing an environment in which staff are able and encouraged to recognise and report sexual assault

7. Suggested strategies for supporting staff include the following:
    - Acknowledge the importance of reporting and remind staff who report sexual assault that their report will help to prevent further sexual assaults
    - If a staff member has witnessed or reported sexual assault, check what support they need e.g. time off, access to counselling services or debriefing
    - Check in on staff more than once to follow up
    - Provide staff debriefing through an immediate staff meeting to discuss sexual assault and to check staff needs. Topics for discussion could include:
        - How to support the victim/survivor, other residents and families
        - How to prevent further sexual assaults
        - Reinforcing the importance of reporting sexual assault
        - Acknowledging the difficulty knowing that a resident has been sexually assaulted
        - The difficulty believing that an alleged perpetrator is a staff member
        - Acknowledging the potential violation of trust
        - Checking whether staff want debriefing through the service's Employee Assistance Program or a sexual assault service
        - Reinforcing the importance of staff supporting each other and supporting residents

8. Ensure staff are aware of the Whistleblower policy in aged care i.e. that staff who report a sexual assault in good faith and have not been involved in the sexual assault will not be penalised or disadvantaged because they have reported it

9. Give staff strategies to interact with residents and families so they feel supported to support distressed or angry families and residents

10. Model to staff the support you want them to show to residents.

Case study (without open disclosure)
When Angela said she had been raped, one of the staff reported disclosure to the on-duty manager. The manager asked for an incident report form to be completed and the incident to be reported to SIRS. The manager also asked that staff increase their supervision of Angela to prevent any further sexual assault.

Staff responses to the disclosure varied significantly. Some staff believed Angela could not have been sexually assaulted, because they believed that no one would sexually assault an older woman. Others believed Angela had confused her continence care with sexual assault. And some staff said 'making a big deal out of it would only make it worse' – and that it was better to let Angela forget about it.

There were other staff who believed the sexual assault had occurred and felt that the service was not taking Angela's disclosure seriously. They were worried that other residents would be sexually assaulted. One staff member tried to discuss this with the manager and was told she was overstepping the mark. She was upset and took two weeks sick leave and then resigned.

Several other residents in the home became distressed that Angela was calling out that she had been raped. One raised their concern with staff and was told to mind her own business. This response heightened her concerns.

Open disclosure version
After Angela reported she had been raped, the organisation's sexual assault policy was put in place. Strategies were implemented to ensure Angela was safe, a SIRS report was made, and police were notified, and Angela and her family were offered information about sexual assault services and advocacy services from the Older Persons Advocacy Network (OPAN).

The manager called a meeting to debrief staff. In the meeting she acknowledged how difficult it was to hear a resident had been sexually assaulted – when the staff worked so hard to deliver quality care. She invited staff to talk about how they were feeling, what they needed and what they thought the organisation needed to do next.

Some staff reported feeling gutted, others cried, and one staff member approached the manager afterwards for information on counselling through the Employee Assistance Program. Staff were able to talk about their fears and concerns. They felt heard. They learned more about what to do to prevent further sexual assaults.

After the debriefing meeting a resident raised concerns with staff – they had heard Angela calling that she had been raped and were worried for their own safety and had been unable to sleep. Staff reassured the resident that strategies were in placed to prevent further sexual assaults and asked the resident what they needed to feel reassured.

Component 6: Reduce risk of sexual assault

Summary of the component
Taking the opportunity to learn about how the sexual assault occurred can provide valuable insights into how systems, practice or culture can be improved to prevent sexual assault of a resident.

Suggested actions:

1. Read the #ReadyToListen MAP Guidelines

2. Undertake a service audit using the #ReadyToListen Audit tool and identify opportunities for improvement

3. Adapt the #ReadyToListen policy to your service – and localise to clarify lines of reporting etc

4. Foster a culture of learning and safety, specifically related to sexual assault - it takes courage to learn what went wrong

5. Review inclusion of sexual assault in the organisation's Incident Management System (IMS)
    a. Check that the risk of sexual assault is included in the IMS
    b. Review #ReadyToListen policy to ensure all risks are covered in the IMS
    c. Meet with key staff to discuss
        i. potential factors that contribute to resident vulnerability to sexual assault
        ii. results of audit of sexual assault incident reports to identify risk factors that need to be addressed
        iii. staff around rostering to ensure protection of residents and supervision of staff
    d. Seek feedback from staff and residents following sexual assaults to identify risks and seek their feedback on strategies for risk mitigation
    e. Implement the IMS strategies listed above, provide staff education and review progress following implementation to check risk reduction

6. Deliver staff education immediately following a sexual assault incident and include the following:
    - Discuss what needs to happen to prevent further sexual assaults – for all residents
    - Promote a culture of reporting by reinforcing how important it is that staff listen when sexual assault is disclosed
    - Ask for staff suggestions to prevent sexual assault
    - Provide education on SIRS reporting requirements for sexual assault

- Contact a local sexual assault service for an education session
- Reiterate the importance of consistency and communication from staff to prevent further sexual assaults
- Discuss how to support the victim/survivor
- Discuss who should respond to other residents and families who are distressed
- Provide education on the #ReadytoListen policy so all staff are clear about their responsibilities and the prevention strategies that are in place

7. Deliver mandatory annual education on sexual assault
    - Host an annual education event addressing issues relating to sexual assault
    - Cover all aspects of the #ReadyToListen MAP Guidelines
    - Check the #ReadyToListen webpage for free online modules.

Case study (without open disclosure)
When Angela said she had been raped, staff were able to identify a male resident who had seemed fixated on Angela. After a team discussion the male resident was moved to another part of the aged care home (with permission from his family), where he was unable to see Angela. A week later the male resident sexually assaulted a female resident who lived across the hall from his new room.

Open disclosure version
When Angela said she had been raped, staff reported the incident to their manager and the sexual assault policy was implemented. Strategies were put in place immediately to ensure Angela was safe and supported and her family were notified. A series of weekly team meetings were held with staff to identify how to ensure sexual assault did not reoccur. In team meetings staff identified:

- *The male resident had fixated on Angela, there were a number of 'near misses' where he was fondling Angela's face and then touching her leg above her knee. At the time, these incidents were not flagged as a risk. To reduce this risk, an urgent consultation with DBMAS was made for the male resident and sexual assault policy was updated to include requirement that staff notify the manager immediately if a resident was touching another in a sexual way, without consent. The policy provided a list of sexual activities that would trigger contact with the manager and urgent review to prevent sexual assault*
- *While staff were aware that the male resident was fixating on Angela – this was occurring in the evenings where there were few staff in the dementia unit of the home. To reduce this risk the manager agreed to review staff rostering to check how this time of the evening could be better covered*
- *There were several new staff who had not yet had education on the sexual assault policy and there was also an increase in the numbers of agency staff. To reduce this risk, a poster summarising the sexual assault policy was posted in a prominent place on the wall in the staff room*

- *Several staff thought Angela's report of sexual assault could not be taken seriously because she had dementia. To reduce this risk an urgent roll out of staff education on sexual assault was undertaken.*

At the end of the team meeting, the manager thanked staff for their suggestions and reiterated the importance of reporting sexual assault. She thanked the staff for taking Angela's report seriously and reminded the team that there were opportunities to make changes to prevent sexual assault happening to any resident at any point in the future. The team agreed to meet in another week to review progress of the strategies identified to mitigate risk.

Useful information

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 have 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 victim/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 alternative aged care homes, if this is their preference.

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 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/

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 MAP webpage for an overview of the and links to further resources:
https://opan.org.au/support/support-for-professionals/ready-to-listen/