

**READY
TO LISTEN**

Accessing Sexual Assault Services

A Guide for Residential Aged
Care Service Providers

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The #ReadyToListen project

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For more information

More free resources on #ReadyToListen website: <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. 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.

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

² Ibid.

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

- (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.

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 assault⁴, as well as people who may induce or assist others to engage in the sexual assault⁵. 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 assaulted⁹, 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 consent¹². 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.

Supported decision-making

Supported decision-making involves a person supporting another person, such as an adult with a cognitive impairment, to make their own decisions. Victoria and Queensland are the only Australian States and Territories that have laws on supported decision-making. Supported decision-making recognises every person's right to have their will and preferences heard.

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

Supportive counselling assists recovery from sexual assault. It provides opportunities for victims/survivors to be heard, believed, and validated.¹³ However, victims/survivors in residential aged care are seldom given information about sexual assault services. Perhaps this is because many aged care service providers do not understand the impacts of sexual assault on residents; a recent study that showed in 58% of sexual assaults in residential aged care, staff reported there were no negative impacts.¹⁴

Global research debunks the myth that older people don't experience harm from sexual assault. Residents who are sexually assaulted experience high rates of mortality, physical injury and delirium, as well as protracted PTSD.¹⁵ Physical injuries include long term health conditions, exacerbation of existing injuries or conditions,¹⁶ and higher rates of genital trauma, aches and pains, cuts and bruises, and sexually transmitted diseases compared to younger women.¹⁷ Fear of perpetrator reoffending also leads to resident distress, insomnia and general failure to thrive.¹⁸

The view that people with dementia or memory loss are less impacted by sexual assault is also a myth. Research shows older people with cognitive impairment, such as dementia, may have impaired communication and delays in processing, which can compound the trauma of sexual assault.¹⁹ Trauma is not less, rather it is experienced and communicated differently.

Research by Professor Ann Wolbert Burgess,²⁰ a global expert in sexual assault of older people, identified that people living with dementia present behaviour cues of distress following sexual assault, rather than verbal disclosures. These indicators include:

¹³ <https://www.anrows.org.au/publication/womens-input-into-a-trauma-informed-systems-model-of-care-in-health-settings-the-with-study-final-report/>

¹⁴ <https://www.health.gov.au/resources/publications/prevalence-study-for-a-serious-incident-response-scheme-sirs>

¹⁵ <https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

¹⁶ Bows, Hannah (2019). Violence against older women. Nature and extent. Springer

¹⁷ Ibid.

¹⁸ opal.institute.org/margarita

¹⁹ https://www.nsvrc.org/sites/default/files/Elder_Sexual_Assault_Technical-Assistance-Manual.pdf

²⁰ <https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

- Behavioural markers: indirect statements such as “Don’t let that man near me.” Sudden behavioural change such as withdrawing to a foetal position or repeatedly refusing personal care. Being agitated or restless, oppositional, or distraught. Slamming doors, yelling loudly, getting out of bed repeatedly, or pacing the floor are also behaviours of concern if they were not present in earlier times.
- Numbness: numbness or shock, lying in a foetal position, under their bed, or on the floor. Being difficult to wake and sleeping for long periods. Staring blankly or being withdrawn and depressed.
- Physiological upset: changes in appetite, eating, sleep patterns, and mood levels; uncontrollable crying spells.

Professor Burgess has also identified that older victims of sexual assault may be prone to PTSD. This may be due to a reduction in physical and mental resilience over time that reduces their ability to deal with trauma-related memories and feelings.

The research is clear that victims/survivors of sexual assault in residential aged care are harmed by sexual assault. It is also clear that counselling is a critical factor in recovery from sexual assault. To ensure residential aged care service providers understand this information, the #ReadyToListen project developed this resource.

The #ReadyToListen project

The #ReadyToListen project aims to improve responses to sexual assault disclosure²¹ and to prevent sexual assault in residential aged care. Being #ReadyToListen is about understanding the indicators of sexual assault, believing those who disclose sexual assault, assessing impacts on the victim/survivor, providing support, and protecting residents.

At the heart of the #ReadyToListen project is a MAP outlining the **Myths, facts And Practical** strategies required to prevent sexual assault. The MAP has the following 10 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
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.

²¹ 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. The term ‘disclosure’ is used to refer to sexual assault that is witnessed or reported.

Element six focuses on support for victims/survivors and this includes ensuring that victims/survivors have access to sexual assault services, which is the focus of this resource.

Sexual assault services in Australia

In Australia there is a national network of free sexual assault services. The services are part of the National Association of Services Against Sexual Violence (NASASV), which outlines the key functions of sexual assault services to provide the following to victims/survivors of sexual assault:

- referral
- counselling, short, medium, long-term and crisis
- therapeutic groups
- forensic and medical services
- case management
- community and/or professional education
- systems advocacy
- collaborations-partnerships with other services or professionals
- court preparation, support and reports for courts/compensation.

Sexual assault services can be delivered using a number of approaches including face-to-face, online chat, telephone, video technology and in partnership with other services.

The objectives of NASASAV are to promote equity of access to services for **all** victims/survivors, paying particular attention to those most marginalised, including those marginalised on the basis of their age and disability.

NASASAV has developed Standards of Practice to ensure accessible, high quality and consistent service provision to clients of NASASV member organisations in Australia. Standard one refers to:

- valuing access for all clients
- identifying and remove barriers to service provision
- ensuring services are accessible and safe for all, including older people
- providing guidelines for augmentative and alternative communication
- flexible delivery of services.

The Standards note that over time, as awareness of sexual assault has increased, so too has the understanding of those who need additional support to ensure they can access sexual assault services.

Inclusive sexual assault services

Over the past decade there has been growing awareness of groups of people who need accessible sexual assault services. One of these groups is women living with disabilities. Rates of sexual assault are higher for women living with a disability or long-term health condition than those without.^{22,23} This has resulted in focus on preventing sexual assault of people with a disability and preventing sexual assault.

For example, the Making Rights a Reality²⁴ program developed by South-Eastern Centre Against Sexual Assault and Family Violence provided extra help to people who have an intellectual disability or brain injury or use aids to communicate who have experienced sexual assault. The program includes support through an Independent Third-Party program to make police statements and access courts. It also provided information to people with a disability on accessing sexual assault services, and education for sexual assault services on working with people with these groups of victims/survivors.

In similar ways, we are now becoming aware of the need to support older people and people with dementia who are victims/survivors of sexual assault in residential aged care.

This resource aims to increase awareness amongst residential aged care service providers of the need to offer victims/survivors information about sexual assault services. It also recognises the need to improve accessibility of sexual assault services for victims/survivors in residential aged care.

²² <https://www.aihw.gov.au/getmedia/0375553f-0395-46cc-9574-d54c74fa601a/aihw-fdv-5.pdf.aspx?inline=true>

²³ <https://www.abs.gov.au/articles/sexual-violence-victimisation>

²⁴ <https://www.secasa.org.au/programs-and-services/making-rights-reality/>

Accessing sexual assault services

In the following section we briefly outline when, why, and how to access a sexual assault service. We also provide information for residential aged care services to describe sexual assault services to victims/survivors and links to other resources

When to access sexual assault services

The following suggestions are made for when to access a sexual assault service:

- victims/survivors can be offered information about sexual assault services immediately following disclosure of sexual assault
- provide victims/survivors with the #ReadyToListen Resident Information Resource, so they can access the information on sexual assault services when they are ready
- provide the resident's family/substitute decision-maker (where appropriate) with the #ReadyToListen information booklet, so they can support the victim/survivor's access to sexual assault services
- residents may also want to access sexual assault services to discuss historical sexual assault
- it is important to note that many sexual assault services have long wait lists and there may be delays accessing these services.

Why accessing sexual assault services is important

The literature presented earlier in this resource outlines the harmful impacts of sexual assault and the therapeutic benefits of sexual assault counselling. Accessing sexual assault services may also be invaluable for the following reasons:

- many residential aged care service providers don't have the information or language to support victims/survivors
- sexual assault counsellors can support victims/survivors to understand that sexual assault is not their fault and provide an independent space for them to express their anger, shame, grief, and other emotions
- sexual assault counsellors can assist victim/survivors to understand what they need to feel safe.

How to access a sexual assault service

There are a number of considerations in accessing a sexual assault service, these include:

- call 1800Respect and ask for the contact details of your local sexual assault service. Some victims/survivors may be happy to be given contact details and make contact themselves, or their family may make the contact

- ask the victim/survivor if you can assist them to make contact with the sexual assault service
- if the victim/survivor has limited physical mobility it may be useful to check if the sexual assault service can visit the aged care home or provide counselling by phone or video chat
- if the victim/survivor has limited verbal communication, it may be useful to provide the counselling service with information about their communication needs. This can include providing phone counselling where the victim/survivor is not required to provide much verbal interaction. The victim/survivor can benefit significantly from listening to the counsellor
- where a sexual assault service has not previously received a referral from a residential aged care home, it may be necessary for senior staff from the aged care home to discuss with the sexual assault service how to ensure accessibility
- it is beneficial for a residential aged care home to have a relationship with their local sexual assault service before a sexual assault is disclosed. Many sexual assault services can provide education to their local aged care home and can also offer secondary consultations or phone support for residential aged care homes who are experiencing difficulties. Aged care services that have a relationship with their local sexual assault service are better placed to link victims/survivors to support services.

If access is difficult

Accessing a sexual assault service can be difficult for a number of reasons. As previously mentioned there may be lengthy wait lists. Given the needs of sexual assault victims/survivors in residential aged care have only recently been recognised, it may be necessary to negotiate with a sexual assault service that has not previously considered access for people living in residential aged care services, particularly residents with dementia.

If a resident has difficulty accessing a sexual assault service, please ask to speak to the CEO or a senior staff member in the sexual assault service about their equity of access policies.

Providing information to residents

Providing victims/survivors with information about the sexual assault service is important. It can help them to decide whether sexual assault services will be helpful for them. To achieve this, it can be useful to understand the process of sexual assault counselling.

On this page we have adapted information from the Making Rights Reality resource²⁵ to help residential aged care service providers explain the role of sexual

²⁵ <https://www.secasa.org.au/wp-content/uploads/2020/10/couselling-after-sexual-assault.pdf>

assault services to a victim/survivor. Please note this information is also provided in the #ReadyToListen Guide for residents. It is important that victims/survivors understand the following:

1. Sometimes talking with someone who has special training in listening and helping people after they have been sexually assaulted can be very helpful.
2. Being sexually assaulted can be hard to deal with. You might feel confused, sad, angry, scared, upset and unsafe. You might also find it hard to talk about what you feel. You might have bad dreams and have trouble eating or sleeping. You might be experiencing physical pain. You might have flashbacks or find that people and places remind you of what happened.
3. You might feel unsafe and worried that it might happen again.
4. You might feel ashamed or worried that you have done something wrong.
5. It might be helpful to talk with a sexual assault counsellor.
6. You can see the counsellor once or many times. You may be able to see them at the sexual assault service or ask if they can visit your aged care home. If you can't get to the sexual assault service and the service can't visit you, ask if the service can speak with you over the phone.
7. You can ask questions and tell the counsellor anything you want. The counsellor will take notes so they can remember everything you tell them.
8. Everything you say is private. If the counsellor thinks that you are unsafe, they may talk to someone else, to help you.
9. The counsellor can help you to get information about your rights, make decisions, work out how you feel about what happened. The counsellor can help you to learn different ways to cope with your feelings, work through problems, work out what helps you to feel better, get support with reporting to police or when you go to court.
10. The counsellor might want to talk to other services or your family, so they can support you better. The counsellor will ask you if this is ok. Your family or friends can also see a counsellor if they want to talk to someone. They can also be with you for the counselling session if you want them to.

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 webpage for an overview of the MAP and links to resources:

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

Useful resources

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

Full Stop 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 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>

The Aged Care Quality and Safety Commission

The Aged Care Quality and Safety Commission (ACQSC) assesses the quality of care and services in residential aged care and manages the Serious Incident Response Scheme or SIRS (all sexual assault must be reported to SIRS within 24 hours). 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/>