READY TO LISTEN

The #ReadyToListen Trauma-Informed Framework

for Residential Aged Care

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OPAN Older Persons Advocacy Network

celebrateageing Building respect for older people

OLDER WOMEN'S NETWORK OWN NEW SOUTH WALES

Contents

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The #ReadyToListen project
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For more information contact
More free resources on #ReadyToListen website: https://opan.org.au/support/support-for-professionals/ready-to-listen/

Important definitions

Framework
This Framework has been developed to support residential aged care service providers improve responses to and prevent sexual assault in residential aged care. The Framework outlines basic concepts of trauma informed services and how service providers might approach their obligations under the Quality of Care Principles; it is 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 statement "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 (statement) 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] Ibid.
[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.

[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 changes to policy on sexual assault in residential aged care. These changes have led to recognition of the need for trauma informed approaches to sexual assault.

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' to reporting, which meant that sexual assault was not required to be reported if the perpetrator had a cognitive impairment.

Data gathered for the 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 a conceptualising the sexual assault of older people as a lesser crime – or no crime at all.

There is also a commonly held myth that sexual assault does not traumatise victims/survivors in residential aged care. A recent study found that in 58% of sexual assaults, staff in residential aged care reported there were no negative impacts on the resident.[15] This finding is at odds with global research showing the harm inflicted on victims/survivors of sexual assault in residential aged care, including the following:

- high rates of mortality, physical injury and delirium, as well as protracted PTSD[16]

[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

- 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]
- 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]

Changes to sexual assault policy followed 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 sexual assaults are reported as a Priority 1 incident.

Other changes included the release of a fact sheet on sexual assault in residential aged care,[23] developed by the Aged Care Quality and Safety Commission (ACQSC), which was updated in 2022; and also 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, to improve responses to and prevent 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 was funded by the Australian Government Department of Health and was delivered by the Older Persons Advocacy Network (OPAN), in partnership with Celebrate Ageing Ltd and the Older Women's Network, New South Wales.

The resource is part of a suite of resources in a #ReadyToListen MAP, which provides education for the aged care sector; outlines practical strategies to improve responses to sexual assault disclosure and aims to prevent sexual assault in residential aged care.

The #ReadyToListen MAP is underpinned by a belief that residential aged care service providers need to understand the **M**yths, facts **A**nd **P**ractical strategies to be #ReadyToListen when sexual assault is disclosed. The MAP outlines myths, facts and practical strategies for the following 10 key elements of service improvements:

[17] Bows, Hannah (2019). Violence against older women. Nature and extent. Springer Link
[18] https://link.springer.com/book/10.1007/978-3-030-16601-4
[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

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

This resource focuses on Element 8 of the MAP, providing trauma informed residential aged care services.

The resource acknowledges that in the broader community, there is an understanding that sexual assault and trauma are interrelated. Post-traumatic stress disorder is a typical response to sexual assault; and trauma informed responses are considered best practice in supporting sexual assault victim/survivors.

However, the shift towards trauma informed services has not yet taken place in residential aged care. A barrier is likely to be the ageist, sexist, and ableist myth that sexual assault of people living in residential aged care is not traumatic.

Nevertheless, an understanding of the traumatising nature of sexual assault is critical for all residential aged care service providers to improve responses to and prevent sexual assault. Trauma informed approaches also provide an important opportunity to support staff and other residents who are traumatised when a resident is sexually assaulted.

About this resource

This resource outlines a framework for trauma informed practice in residential aged care (TIRAC), to improve responses to and prevent sexual assault. It begins by presenting a summary of the evidence and then outlines the #ReadyToListen TIRAC Framework, including principles, and strategies for their implementation.

The resource then shares the perspectives on trauma from a person living with dementia and a residential aged care service provider, in their own words. These perspectives illustrate the importance of a trauma informed approach.

This resource is specific to the context of sexual assault in residential aged care – there is a need for more work to be done to outline trauma informed approaches to residential aged care more broadly. At the time of publishing, no resources on trauma informed residential aged care were identified.

Understanding trauma

A degree of psychological distress is very common in following a traumatic event and is a normal response.[24] Traumatised people are likely to experience emotional upset, increased anxiety, sleep and appetite disturbance. They may also experience fear, sadness, guilt, or anger. For most people, these symptoms diminish. However, for others, symptoms persist and develop into acute stress disorders or Post Traumatic Stress Disorder.

Post Traumatic Stress Disorder (PTSD) often involves re-experiencing symptoms of trauma.[25] Symptoms can include intrusive and unwanted thoughts and images of a traumatic event, and distressing dreams. It can also include flashbacks, which are so real that people feel they are re-experiencing the traumatic event.

Trauma is sometimes referred to as complex. This is when an individual has either experienced repeated instances of the same type of trauma or has experienced multiple types of trauma.[26] Complex trauma can include childhood or adult trauma including sexual assault or violence in the home, family, and workplace – or violence in communities, such as civil unrest, war or refugee trauma.[27] It is reasonable to anticipate that many older people will experience complex trauma, because of the increased likelihood of trauma over time.

Trauma is also sometimes referred to as vicarious, or secondary trauma. Vicarious trauma can be experienced by people who are exposed to traumatic events, whether through witnessing or hearing about them, or directly experiencing danger.[28] Vicarious trauma can be experienced by aged care workers and anyone who has compassionate engagement with trauma survivors.

Sexual assault of older people as trauma

Post-traumatic stress disorder is a typical response to sexual assault, and women who have experienced sexual violence may comprise the single largest group of people affected by PTSD.[29] Problems experienced by victims/survivors include flashbacks, distressing dreams, palpitations, sweating, breathing difficulties, hypervigilance, sleep problems, eating difficulties, mistrust of others, shame, guilt and depression.[30]

While the traumatic impacts of sexual assault are relatively well understood in the broader community, this is not the case in residential aged care. One study found that in 58% of sexual assaults in residential aged care, service providers reported there were no negative impacts on the victim/survivor.[31] This is starkly at odds with the research on the impacts of sexual assault in residential aged care.

The belief that sexual assault has no negative impacts on older people may be embedded in ageist, ableist and sexist beliefs that older people don't matter, don't

[24] https://www.phoenixaustralia.org/wp-content/uploads/2021/01/Chapter-2-Trauma-and-trauma-reactions.pdf
[25] Ibid.
[26] https://www.guilford.com/books/Traumatic-Stress/Kolk-McFarlane-Weisaeth/9781572304574
[27] https://blueknot.org.au/resources/understanding-trauma-and-abuse/what-is-complex-trauma/
[28] https://www.rape-dvservices.org.au/resources/for-psychologists-and-counsellors/about-vicarious-trauma
[29] https://aifs.gov.au/publications/impacts-sexual-assault-women
[30] https://www.phoenixaustralia.org/wp-content/uploads/2020/07/Chapter-9-8.-Sexual-assault-1.pdf
[31] https://www.health.gov.au/resources/publications/prevalence-study-for-a-serious-incident-response-scheme-sirs

hurt and/or will not remember. These myths are compounded by the fact that a majority of victims/survivors of sexual assault in aged care are people living with dementia,[32] who have limited capacity to disclose sexual assault or describe the impacts on them.

The markers of trauma are more likely to be behavioural cues, rather than verbal disclosures,[33] and may be dismissed as a decline or shift in the resident's health.

In sharp contrast to the myth that sexual assault of people living in residential aged care has no negative impacts, the evidence demonstrates sexual assault can be devastating. There is a decrease in quality of older women's lives,[34] and high rates of mortality.[35]

Up to 57% of victims/survivors experience symptoms of PTSD including anxiety and intense fear of future attacks.[36] Older people may be particularly likely to experience PTSD, due to a reduction in physical and mental resilience that decreases their ability to deflect trauma-related memories and feelings.[37,38]

There is also evidence that PTSD may be protracted[39] and can lead to depression, anxiety, irritability, hallucinations and delusions.[40] Older people with PTSD are also at significantly higher risk of developing other mental health problems, particularly depression and anxiety - and misdiagnosis often occurs.[41]

The belief that older people and people living with dementia do not experience PTSD, is a myth that must be challenged. In most cases, dementia does not have a debilitating effect on the endocrine system or the physiologic stimuli and responses that the endocrine system produces.[42] In other words, older people and people with dementia still experience stress responses and release stress hormones in response to trauma. Dementia has no impact on whether a traumatic event will cause suffering.[43]

It is a distorted logic to suggest that a person who has no memory of a traumatic event, has not suffered.[44] Similarly, it is a distorted logic to suggest that a person who cannot communicate their suffering, has not suffered.

For some service providers and family members, responses that minimise the harm of sexual assault may be a response to their own trauma – rather than a reflection on the trauma experienced by the resident. It can be very difficult for caring families and staff to accept that a resident has been sexually assaulted, and this may be reflected in responses that minimise the harm by suggesting 'at least she won't remember'.

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[32] https://pubmed.ncbi.nlm.nih.gov/28402419/
[33] https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf
[34] https://pubmed.ncbi.nlm.nih.gov/16205414/
[35] Ibid.
[36] Ibid.
[37] https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf
[38] https://www.phoenixaustralia.org/wp-content/uploads/2020/07/Chapter-9-6.-PTSD-in-older-people-1.pdf
[39] https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf
[40] https://www.phoenixaustralia.org/wp-content/uploads/2020/11/Slides_Identifying-and-managing-trauma-within-the-Aged-Care-Sector.pdf
[41] https://www.phoenixaustralia.org/wp-content/uploads/2020/07/Chapter-9-6.-PTSD-in-older-people-1.pdf
[42] https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf
[43] Ibid.
[44] Ibid.

We need to recognise and take seriously the traumatic impacts of sexual assault on victims/survivors, so we can provide the necessary support for recovery. This principle sits at the heart of trauma informed approaches to sexual assault in residential aged care.

Trauma and aged care workers

Being exposed to sexual assault in residential aged care may also be traumatising for staff. Those who have experienced sexual assault themselves, and those who have friends and family who have been sexually assaulted, may be deeply confronted by the sexual assault of residents.

For others, sexual assault of a resident can raise feelings of guilt at not having protected the victim/survivor, particularly if the perpetrator is a valued colleague.[45]

It may seem inequitable to focus on the impacts of resident sexual assault on staff, particularly in a context where victims/survivors have not been heard or have been actively silenced. However, the focus on victims/survivors AND staff is a call to create a culture of caring. It is also a call to recognise residents and staff shared humanity – and a call for respect for all.

Recognition of the impacts of vicarious trauma on staff does not diminish the focus on resident victims/survivors, rather it emphasises the harm that sexual assault causes and clarifies the importance of support and protection. That is the aim of this framework for trauma informed practice.

Principles of Trauma Informed Residential Aged Care

In the broader community, trauma informed practice is understood to be best practice in supporting victims/survivors of sexual assault. Trauma informed practice (TIP) creates safer spaces by recognising the effects of trauma on health and behaviour.[46] It also seeks to prevent re-traumatisation and to promote recovery.[47] This approach can support victims/survivors to recover from sexual assault by the following:[48,49]

- Ensuring that victims/survivors are heard, believed and validated[50]
- Understanding that minimising or downplaying the sexual assault can lead to victim hopelessness, self-blame, loss of trust, impaired capacity to communicate, disempowerment, depressive symptoms, self-harm and suicidal ideation

[45] https://www.opalinstitute.org/uploads/1/5/3/9/15399992/researchreport.pdf
[46] https://www.anrows.org.au/publication/implementing-trauma-informed-systems-of-care-in-health-settings-the-with-study-state-of-knowledge-paper/
[47] https://noviolence.org.au/wp-content/uploads/2020/05/Trauma-Practice-Paper-FINAL-002.pdf
[48] https://www.anrows.org.au/publication/implementing-trauma-informed-systems-of-care-in-health-settings-the-with-study-state-of-knowledge-paper/
[49] 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
[50] https://www.anrows.org.au/publication/womens-input-into-a-trauma-informed-systems-model-of-care-in-health-settings-the-with-study-final-report/

- Understanding how sexual assault impacts on the lives of victims/survivors
- Understanding the importance of choices and control for victims/survivors
- Promoting dignity and respect as central to wellbeing.

Trauma informed practice is also important for aged care service providers. It can assist in supporting staff when sexual assault occurs, providing a more amenable and safer workplace and enabling staff to better support victims/survivors and other residents.

In the following section we outline the principles of the #ReadyToListen Framework for TIRAC. This begins with the application of the five guiding principles of Trauma Informed Practice[51] to the Aged Care Quality Standards[52] for residential aged care:

- **Safety**: consulting the victim/survivor to ensure the organisation provides a safe and comfortable environment; and that they feel safe (Standard 5)
- **Choices:** promoting victim/survivor choices about care, support, advocacy services, sexual assault services, reporting, and choice of carers (Standard 1)
- **Collaboration:** engaging the victim/survivor in the development, delivery and evaluation of their care (Standard 8)
- **Trustworthiness:** ensuring the organisation's clinical governance framework promotes open disclosure about sexual assault including providing an apology, explaining what went wrong, listening to the victim/survivor and outlining the strategies the organisation will take to prevent further sexual assault. The organisation also commits to strategies identified to promote the victim/survivor safety (Standard 8,3e)
- **Empowerment:** supporting the victim/survivor to exercise choice and independence (Standard 1, 3c), to manage their day-to-day life and promote quality of life (Standard 4,3a) and providing support for their emotional, spiritual and psychological wellbeing (Standard 4,3b).

To highlight the importance of these principles, the following table outlines their relevance to victims/survivors and staff.

[51] https://www.theannainstitute.org/CCTICSELFASSPP.pdf
[52] https://www.agedcarequality.gov.au/providers/standards

Principles of TIRAC applied to victims/survivors and staff

	Victims/Survivors	Staff
Safety	• Residents' physical and emotional safety is assured. • Residents believe the service is safe. • Residents feel safe from sexual assault.	• Staff safety concerns are heard by management. • Staff feel safe at work. • Staff suggestions for preventing sexual assault are heard.
Choice	• Resident choices are maximised to increase the control they have over their lives. • Residents feel they have control of their care and their life. • Residents are provided with the Charter of Sexual Rights and Responsibilities	• Staffing levels enable staff to offer residents choices. • Staff education covers the importance of resident choice and control. • Staff are educated on the Charter of Sexual Rights and Responsibilities
Collaboration	• Resident feedback is sought to evaluate and improve their care • Residents have meaningful roles in evaluating and improving the services provided.	• Staff have meaningful roles in evaluating and improving the service • Staff feedback is sought following sexual assault to identify strategies for prevention
Trustworthiness	• Residents know staff are listening and are responsive. • There are clear protocols for sexual consent. • There are clear sexual boundaries between residents and staff. • Residents who disclose sexual assault are believed	• Staff have clear sexual boundaries with residents and with each other. • Staff education is provided on sexual boundaries. • Staff believe residents who disclose sexual assault and take steps to promote support and prevention.
Empowerment	• Residents are supported • Residents feel heard validated and affirmed • Residents are invited to discuss the Charter of Sexual Rights and Responsibilities.	• Staff are encouraged to identify their needs • Staff are heard, validated and affirmed.

Framework for application of the principles

The #ReadyToListen Framework for TIRAC has been developed to help guide the practical application of the five widely accepted principles of trauma informed practice to the context of sexual assault in residential aged care. The Framework provides practical strategies for every day to build a culture that aids prevention of sexual assault. It also outlines practical strategies for use when sexual assault has been disclosed, as highlighted in the figure below.

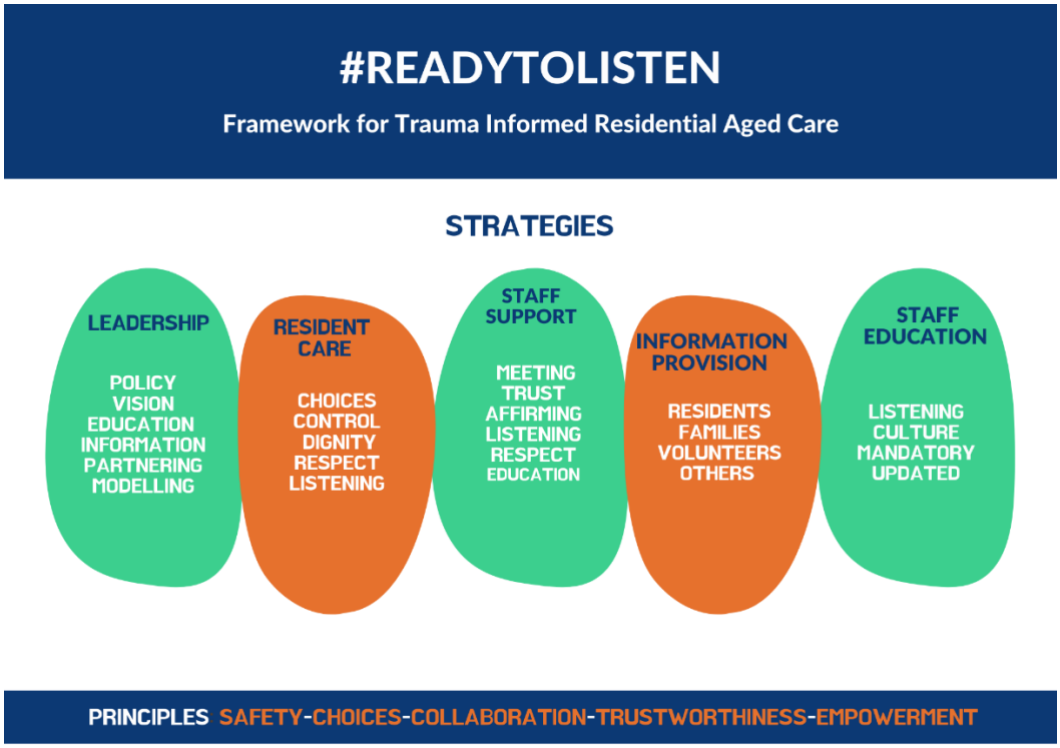

Figure 1 #ReadyToListen framework for Trauma Informed Residential Aged Care

Strategies for everyday

Embedding the #ReadyToListen Framework for TIRAC into organisational culture involves focusing on leadership, resident care, staff support, information and education.

1. Leadership

Leadership is required to embed TIRAC into organisational systems and to communicate the vision for TIRAC by modelling respect for and listening to residents and staff. Leaders who espouse and demonstrate their commitment[53] are best placed to build a culture of TIRAC and create a community of recovery for staff and residents. Practical strategies include:

a. Policy: developing a sexual assault policy covering all elements of the #ReadyToListen MAP,[54] or incorporating sexual assault into the existing incident management system

b. Vision: working with staff to document a shared vision for TIRAC (i.e. what you are trying to achieve and why it matters) and then communicating the vision to all staff, to increase their commitment to the cultural changes required[55]

c. Education: providing staff education to create the sense of urgency required to build momentum for change,[56] and to increase staff knowledge, confidence and levels of comfort in responding to and preventing sexual assault. Education will assist staff to understand the impacts of their own values and beliefs on workplace culture and service delivery. Education will also acknowledge the role cognitive dissonance plays in denial of sexual assault and minimising impacts (see also sections on education and cognitive dissonance on following pages)

d. Information: making information available to residents, families and staff – including the #ReadyToListen *Charter of Sexual Rights and Responsibilities in Residential Aged Care* and the sexual assault resources developed for residents and families

e. Partnerships: maximising support for residents, families and staff by making contact with the local sexual assault services and the state/territory based aged care advocacy service and asking them to deliver education for staff

f. Modelling: showing respect for staff, particularly listening and responsiveness to staff concerns, demonstrates for staff the respect they are being asked to provide to residents.

Organisational leaders who empower and support staff are well placed to retain valued employees. This in turn will improve resident care and decrease costs

[53] http://www.aral.com.au/resources/argyris.html
[54] https://opan.org.au/support/support-for-professionals/ready-to-listen/
[55] https://hbr.org/1995/05/leading-change-why-transformation-efforts-fail-2
[56] Ibid.

associated with use of casual or agency staff and the recruitment/orientation of new staff.

2. Resident care

The first Aged Care Quality Standards developed by the Aged Care Quality and Safety Commission,[57] focus on the rights of residents to be treated with dignity and respect and their right to make informed choices about their care and services.[58] These rights form the foundation of TIRAC's practical strategies for resident care.

In the context of trauma informed services, promoting dignity and respect is achieved by providing care and services that are responsive to the resident's trauma. Residents are given choices about their care, to ensure they are not retraumatised and to promote their recovery from trauma.

Providing trauma informed care for residents requires an understanding that many residents may have experienced past trauma that they have not disclosed. There are several care strategies that can be utilised to help ensure that traumatised residents recover from their trauma and are not retraumatised in care. Perhaps the most important of all is listening to residents.

Listening

Strategies to improve listening are many and varied. Here we draw on the strategies developed by 97-year-old retired nurse Margarita Solis,[59] who became an advocate for preventing sexual assault of older women following her sexual assault in a seniors' rental service at age 95. It may be useful to read them at a team meeting/education session and then ask staff: why do good listening skills matter in preventing sexual assault and what makes effective listening?

Margarita's #SheToo principles for listening to older women are adapted below to encompass all residents:

1. Use your eyes to listen as well as your ears. Don't just hear. You also need to notice signs if a resident is not their usual happy self or is not well
2. Check in and ask: "Are you alright?" And if they say: "I'm fine thank you", check in again later and say: "You don't look like your usual self, you don't seem to be happy. Is there anything you want to talk to me about? Can I help you in some way?"
3. Show an interest. If a resident knows that you care, they will feel safer to tell you how they are actually feeling
4. Be respectful of older people, don't poke fun at them because they will think you won't be interested in listening to them [and that] they are somehow not worthy or you just won't believe them
5. Make sure your language is never ageist or mocking of any older people.
6. Make sure the older person knows they are in the driver's seat, that you are there to listen and help if they want help. Give them permission to talk about sexual assault

[57] https://www.agedcarequality.gov.au/providers/standards
[58] https://www.agedcarequality.gov.au/providers/standards/standard-1
[59] opalinstitute.org/margarita

7. Your actions, as you are listening, can clearly communicate to an older person that you don't believe them. You must always believe that they are telling you the truth, until it is proved otherwise!
8. I know some older people who have told someone they have been sexually assaulted and have not been believed. This can make them reluctant to tell anyone else. But if you are encouraging, they might trust you to talk about what has been happening to them
9. Some older people feel ashamed of sexual assault and blame themselves or are worried that others will blame them. Tell older people it's not their fault. That is essential
10. Just because we are older people, we are NOT stupid. Don't underestimate the intelligence or the resilience of older people. Talk to them and get to know them. They should not be relegated, but treated with respect for their intelligence, life experiences, and their education more generally.

Across the research there is evidence that 'listening with your eyes' matters because most victims/survivors of are frail residents with dementia who may not be able to communicate verbally. In these cases, using your eyes will help to identify the most common sign of sexual assault – changes in victim/survivor behaviour.

Other strategies for resident care

In addition to the strategies for listening to residents, other practical steps for building TIRAC include:

a. Refer to the resident by their preferred name
b. Ask the resident if they feel safe – and if they do not feel safe, ask what they need to feel safe and ensure those needs are met where possible and appropriate
c. Where the resident is capable of directing their care, respond to the needs articulated by them, rather than their family
d. Wherever possible give the resident choices about their care and daily life, respectfully check what they want
e. Knock and wait for permission before entering a resident's room
f. Ask permission to assist a resident with activities of daily living e.g. for assistance with showering:
    - Ask for permission before you begin
    - Update them as you progress e.g. now I am going to wash your back etc
    - Check in how they are going e.g. is this ok?
g. Ask permission to change or check a continence pad or bedding before you do it, and always wait to ensure the resident has heard you before making physical contact with the resident
h. If a resident is unable to communicate verbally, it is still important to let them know what you are doing, before you do it
i. If you are undertaking intimate care at night, turn the light on first to ensure the resident knows you are there and knows what you are doing
j. Give the resident the option to nominate a female or known and trusted staff member for intimate and other care

k. Give the resident the option to have a family member present for complex or intimate care if they wish
l. Ask the resident how they are feeling and what they need; and wherever possible and appropriate, meet the need
m. Respect the resident's right to privacy; don't discuss their care needs with other residents or families without their permission.

3. Staff support

Developing TIRAC can improve resident outcomes and support the overall wellbeing of the aged care workforce. Trauma as a result of sexual assault can result in withdrawal, feelings of distrust, shame, and loss of self-esteem.[60] Staff who experience vicarious trauma need to feel safety and trust.[61]

If staff are not supported, they may have difficulty responding appropriately to resident's feelings and needs.[62] They may also leave the organisation. Trauma informed care can assist in building a sense of community and assist in recovery.[63] It draws on strengths-based approaches and support from those around us and relies on collective effort to make it happen. Strategies for team leaders to support staff include:

a. Check in on colleagues each day and ask them how they are doing
b. If staff ask for something – deliver it or let them know why you can't
c. Build trust – listen to staff and be responsive to their needs
d. Facilitate regular staff meetings and invite staff to identify what the service is doing well and what needs to be improved
e. Place information about Employee Assistance Program (EAP) in places where staff can access without having to ask for it
f. Affirm staff who raise concerns about sexual assault and respond to their concerns
g. Recognise the difficulty for staff to acknowledge that sexual assault occurs, particularly sexual assault by a colleague
h. Remind staff that it can be difficult to talk about sexual assault and that – sexual assault won't stop until we talk about it
i. Provide education.

Strategies for staff support, such as counselling need to bear in mind any limits to the number of sessions available through EAP and the limited income aged care workers have (an aged care worker on $30/hr is unlikely to be able to afford unsubsidised counselling at $180 hr).

4. Information for residents and families

Providing information to residents, particularly victims/survivors and their family members is critical. It gives them the opportunity to identify their choices and the supports they can receive. Download the following #ReadyToListen resources and make them available in hard copy or online for residents and family:

[60] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4151928/
[61] https://psycnet.apa.org/record/2004-11161-005
[62] https://onlinelibrary.wiley.com/doi/10.1002/jclp.10090
[63] https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

a. Information for victim/survivors
b. Information for families
c. The Charter of Resident Sexual Rights and Responsibilities

These resources are all available from OPAN's #ReadyToListen webpage, listed in the useful information section at the end of this resource.

5. Education of staff

Education is necessary to build understanding of the prevalence of trauma, the impacts on victim/survivors and the workforce; and strategies for responding.[64] A trauma informed workforce is a workforce that is prepared to work with people who experience trauma.[65] Failure to ensure staff are trauma informed can further traumatise clients and harm staff.[66]

In the following section we outline suggestions for what education needs to be delivered, when to deliver it and how it can be delivered. Then we outline the importance of education to build an understanding TIRAC as culture.

What, when and how

a. What: staff education needs to outline key elements of sexual assault in residential aged care, principles of trauma informed practice and strategies for listening as follows:
   - The 10 elements of the #ReadyToListen MAP[67]
   - Strategies for listening to older victim/survivors
   - An understanding of the role of culture in TIRAC (see below)
   - Details of employee assistance programs and other strategies to promote wellbeing

b. When: education needs to be more than a one off and needs to be attended by all staff, rather than just the early adopters.[68] Suggestions include the following:
   - Make education mandatory
   - Update annually
   - Ensure education is provided as part of staff education

c. How: creative approaches to the delivery of education can help to ensure that learning and improvements occur continuously. Suggestions include:
   - Debriefing following sexual assault disclosure in the aged care home
   - Debriefing following 'near misses'
   - Staff discussion of resident sexual activity and expression
   - Responding to complaints
   - Displaying posters in staff rooms.

[64] https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf
[65] https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816_litreview.pdf
[66] https://psycnet.apa.org/record/2010-21232-000
[67] https://media.accessiblecms.com.au/uploads/opan/2022/06/MAPguidelinesFINAL.pdf
[68] https://books.google.com.au/books?id=9U1K5LjUOwEC&printsec=frontcover&redir_esc=y#v=onepage&q&f=false

Understanding the role of culture in TIRAC

Building a trauma informed culture in residential aged care requires an understanding of what culture is and how to build a culture of TIRAC to prevent sexual assault. The following questions are presented as discussion points for staff education to identify practical strategies to build TIRAC.

We all have culture

Culture is something we all have. It influences the way we live our lives. It is shaped by our experiences – our history. It informs our values, beliefs and behaviours as aged care workers. Questions that may assist in exploring this include asking staff:

- *What are your personal values and beliefs about older people's sexual rights and about sexual assault?*
- *What do you think are your responsibilities related to sexual rights and sexual assault?*

Cultures are created

Cultures are not accidental. They are shaped by the experiences we have; and the people around us, particularly our leaders. Most aged care homes have their own distinct culture; or a set of commonly held values, beliefs and behaviours that are acceptable. Questions that might assist in exploring this with staff include:

- *What is the culture of our aged care home related to sexual rights and sexual assault?*
- *After a resident has been sexually assaulted – how does our aged care home support the victim/survivor and staff?*

Developing a shared culture

Cultures can be changed. Trauma informed residential aged care (TIRAC) is about creating a culture that appreciates the harmful impacts of resident sexual assault on victim/survivors and staff – and provides support. The principles of listening, respect and support are in place every day of the year – for residents and staff. Questions that may be useful in exploring this with staff include:

- *How can our aged care home improve listening, respect and support for residents and staff?*
- *How do we communicate this shared vision for listening, respect and support to all staff – so they understand this is the culture we want to create here?*
- *How can we ensure that a documented vision for listening, respect and support is not just espoused or written – it is apparent in our practice?*

It is important to note that these everyday strategies for building a culture of TIRAC will take time to achieve. These strategies are likely to help prevent sexual assault and to assist in supporting victims/survivors, other residents, families and staff when a resident is sexually assaulted.

Strategies following sexual assault

In response to disclosure of sexual assault in residential aged care there is a need to provide immediate support to the victim/survivor. There is also a need to consider support for other residents, family (where appropriate) and staff.

These following strategies for support sit alongside the other safety and support strategies outlined in the #ReadyToListen MAP guidelines.[69]

Supporting victims/survivors (and their family)

1. Read and implement the #ReadyToListen MAP guidelines on support[70]
2. Ask the victim/survivor what they need and ask if there is a support person you can contact for them
3. Offer the victim/survivor access to an OPAN advocate and ask if you can assist them to make the initial contact
4. Offer the victim/survivor information about sexual assault services and ask if you can assist them to make contact to set up counselling sessions
5. Provide the victim/survivor with the #ReadyToListen Guidelines for Residents[71]
6. Provide any family members with the #ReadyToListen Guidelines for Families[72]

Supporting other residents

1. Identify whether other residents are aware of the sexual assault
2. Reassure other residents that they are safe; let them know your strategies for ensuring their safety
3. If appropriate, facilitate a resident meeting to discuss safety measures (this can be done without breaching privacy of the victim/survivor and perpetrator)
4. If appropriate, contact families to reassure them of the steps being taken to prevent sexual assault (this is particularly important if families express concerns about safety) – without breaching privacy of victim/survivor and perpetrator
5. Thank any residents who have reported the sexual assault of another resident
6. Ensure that messages of support for residents are not a 'one off'. Host a second resident meeting if necessary to reassure residents they are safe and to check they feel safe
7. Encourage all staff to check in with individual residents, for example, ask residents, Did you go to the resident meeting? Are you ok? Is there anything you need?

[69] https://media.accessiblecms.com.au/uploads/opan/2022/06/MAPguidelinesFINAL.pdf
[70] https://media.accessiblecms.com.au/uploads/opan/2022/06/MAPguidelinesFINAL.pdf
[71] Information for residents: https://opan.org.au/support/support-for-professionals/ready-to-listen/
[72] Information for families: https://opan.org.au/support/support-for-professionals/ready-to-listen/

Supporting staff - general strategies

1. Support for staff needs to include the whole team and the messages need to be tailored to each group e.g.
    a. Front line workers, team leaders and managers
    b. Activities staff
    c. Receptionists and admin staff
    d. Board members
    e. Volunteers (where appropriate)
2. Providing support to the Board can be critical in helping to reassure the Board about strategies for safety and risk reduction. It can also assist the Board to transition from concerns about adverse publicity to an understanding that they have a role to play in reducing risk by creating a culture of safety, support and prevention
3. Implement the #ReadyToListen *Open Disclosure Framework for Sexual Assault in Residential Aged Care*[73] to identify what happened and how to support victims/survivors and prevent further sexual assaults
4. Host a staff debriefing meeting (you may need to meet with groups of staff separately)
5. Check how staff are feeling and what they need
6. Respond to staff needs by providing support
7. Offer staff access to the Employee Assistance Program; provide information about the program in a place where all staff can access it without having to ask for it. Remind staff that their access to the program is confidential (if it is)
8. Ask staff how they are going in their interactions with residents, and particularly the victim/survivor and their family
9. Build trust – if you say you are going to put supports in place, ensure you do and that you let staff know that you have
10. Validate what staff are feeling – encourage them to respect the issues, concerns and emotions that other staff express in debriefings (see strategies for cognitive dissonance below)
11. Check in with staff after meetings, either individually or through a second debriefing meeting.

Supporting staff - cognitive dissonance

Another important strategy for supporting staff is acknowledging their cognitive dissonance, or the difficulty they have hearing that a resident in their care has been sexually assaulted.

Most of us do not want to believe that older people are sexually assaulted, and many people do not want to talk it. But that won't make sexual assault stop – in fact - the silence enables sexual assault to continue. We need to talk about sexual assault to provide TIRAC and to stop sexual assault.

[73] Open Disclosure Framework: https://opan.org.au/support/support-for-professionals/ready-to-listen/

One of ways to open up conversations about sexual assault, is by acknowledging the 'cognitive dissonance' or difficulty hearing that a vulnerable resident has been sexually assaulted, and by being supportive.

It is important to clarify what cognitive dissonance is, what role it plays in the development of TIRAC and how to support people experiencing it.

1. What cognitive dissonance is
   For some staff, hearing that a resident has been sexually assaulted can be overwhelming. It creates dissonance or a conflict between how they expect the world to be (older people are not sexually assaulted) and how it is (residents may be sexually assaulted by other residents, family members and staff). There may be additional difficulties for staff who have been sexually assaulted and those who are close to someone who has been sexually assaulted.

2. How cognitive dissonance manifests
   People who experience cognitive dissonance when they hear about sexual assault of an older person might respond with denial or minimising the sexual assault, for example:

   - *Denial*: he wouldn't do that, she must be confused (have a UTI, be remembering a childhood sexual assault, have dementia, be confusing clinical care), she is fantasising

   - *Minimising*: she won't remember, at least she wasn't raped, sexual assault has no impact on older women, this is normal for people living with dementia

   Not every service provider who denies or minimises sexual assault is experiencing cognitive dissonance; some people respond this way to protect themselves and their organisation.

3. What cognitive dissonance does
   When sexual assault disclosure is difficult for people to hear, and they are unable to change what happened – they may change the story about what happened (it didn't happen/wasn't that bad).

   By changing the story (in their heads) they are reducing the distress or discomfort they feel. They think sexual assault should not happen to older people and so they tell themselves it didn't happen.

4. How to reduce cognitive dissonance
   When sexual assault is denied or minimised this may be an indication that staff are experiencing cognitive dissonance. The following strategies may be useful for team leaders, when guiding and debriefing staff following sexual assault disclosure:

   a. *Validate staff feelings:* let staff know you have empathy for the difficulty they are experiencing e.g. this must be difficult for you to hear

b. *Acknowledge your discomfort:* let staff know you are also finding it difficult e.g. I know sexual assault happens, but it's just so hard to hear and I believe it, but I don't want to believe it

c. *Check support needs:* ask staff how they are doing and offer supports such as Employee Assistance Program (EAP), or time off or whatever support can be provided. Asking staff how they are doing and responding to any requests they have can be a powerful way of providing staff support

d. *Recognise the power to create change:* remind staff that they are not powerless, in fact they have the power to prevent sexual assault. They have choices in responding, and the choice of action, rather than silence, can help to prevent sexual assault

e. *Establish shared aims and a plan:* ask staff what they think the team can do to prevent further sexual assault. Make a plan for the victim/survivor and for the service more broadly.

f. *Implement and evaluate the plan:* implement the plan, schedule check ins with staff to get their feedback on effectiveness of the plan. This level of responsiveness to the shared plan communicates empathy and will help to build staff trust in the service and their safety talking about sexual assault

g. *Thank staff:* thanking staff for reporting and prevention can help to communicate that what they have done is important and valued.

5. <u>Proactive support</u>
   Don't wait for sexual assault to be disclosed and staff to demonstrate their cognitive dissonance before taking action. Proactive steps, such as sexual assault education and policy can help staff to feel safe and confident talking about preventing sexual assault.

The ways an organisation responds when sexual assault is disclosed is a critical factor in supporting the victim/survivor and preventing further sexual assault. It is also a key factor in building a community – a shared sense that this is a place where people (residents, staff, family) feel safe and want to connect and contribute to the sense of community.

The perspectives of older people and service providers

This section presents stories about the trauma experienced by a person living with dementia and an aged care service provider. Their perspectives open up conversations about the ways trauma is experienced in residential aged care and highlight the need for this and other resources to build trauma-informed residential aged care services.

Intimacy, Consent and Dementia, Theresa Flavin

My name is Theresa Flavin. I was diagnosed with younger onset dementia when I was in my mid-forties. I was fortunate to be diagnosed very early in the disease process, and this has given me the gift of having some time both to adjust to my new brain, and to examine the effects of dementia on my life and express these effects in a way that others can understand.

At diagnosis, like most people, the focus of those around me was on 'getting my affairs in order'. This was focused around my money, and how I would like to die, but there was nothing for the 'in between'. The pervading feeling was that I should patiently and quietly wait for the end. This perception of course completely removed any light or joy from the time I had left, as I felt like the proverbial 'oxygen thief' just using resources without contributing anything.

Those concerns aside, it became apparent over time that dementia was much, much, more than a loss of memory. In fact, my memory in general was ok, it was the functioning of daily life that I could no longer manage well.

I want to share one of these functional challenges related to intimacy – to help others learn from my experience.

We know from statistics from the Aged Care Royal Commission that there are about 50 sexual assaults in residential care every week in Australia. But even more shocking to me is the fact that staff believe that in 58% of these assaults, there was no ill effect on the victim. I have no words to describe my disgust at this ignorance, so I will continue...

I've learned from having dementia that I have changed from a thinking woman with feelings, to a feeling woman with thoughts. I've spoken with many other people living with dementia and they have had similar experiences. Our signposts and cues for life have gradually changed from learned behaviour to responsive behaviours, based on our feelings and emotions. As the disease progresses, this change increases.

For example. You can ask me what I had for dinner last night. I won't have a picture memory of that, but I may have a feeling in response to your question. I can use that as a clue to what dinner might have been, in terms of whether or not I enjoyed it. I may feel the feeling I associate with contentment, or perhaps repulsion if cabbage was on the menu. In other words, I have resorted to interpreting or translating the subtle feeling inside of me, as a basis for how to respond or behave.

This of course is much better than just saying I don't remember, or just living my life in the recommended passive state where I look out at the world through the window

and relive the good old days. But this other way of living can also be unreliable. You can understand that the feelings I have, like most people, were learned in my childhood and are not necessarily logical or based on fact. For example, a smell of cabbage will induce childhood memories of revulsion. A smell of seafood will induce nausea as my body remembers being forced to take cod liver oil as a young child.

At the moment, I can make sense of these feelings, but not always, and not in the moment. In essence, after living a full life with positive and negative experiences, the world is full of triggers, and the feelings are sometimes inexplicable.

Now that I've given you some context, I'd like to talk about intimacy in dementia. It's a delicate and taboo subject, as we are supposed to be 'past all that' and in 'gods waiting room'. The real world is not like this of course. In my case, dementia rudely intruded on my personal life in a most distressing way.

My husband and I have a respectful and fulfilling relationship, however I was finding that I was increasingly reluctant to be intimate. I had feelings of resentment, revulsion, fear, panic, nausea and could not find any reason - so I carried on without listening. Eventually, at a very personal time, I had a very extreme response. I was crying, shaking and extremely upset. He couldn't understand. He had not hurt me.

After some personal thought, I realised that my great system of navigating the world through my emotions had backfired.

As a young girl, I was sexually abused by an older man for a number of years. I had buried this and rarely gave it thought, but now in the present, my husband is the same age as the perpetrator. My mind had taken me back in time, and I truly felt like it was happening again. My ability to separate the past and the present subconsciously was gone. This was not only a traumatic episode, it was further compounded by the realisation that I had reached a new stage in the dementia journey.

When my eyes were closed, and I was in a place of emotional and physical intimacy, I didn't have the visual and audio cues which keep me tethered to time.

However, something good came from this horrible experience. My husband and I had to take a fresh look at how we relate to each other, and consent will never, ever be taken for granted again. We have implemented a clumsy but effective system of process consent, where he constantly checks in and makes sure I'm with him and that I'm ok. Sure it's not very spontaneous, but this respect has helped me build trust.

Now my purpose in sharing this experience is not to elicit compassion or emotion, but to show you that even when a person is living with dementia, our feelings and emotions are fully intact. We experience everything inside, even more than everyone else. The only difference is that these emotions are generated inside of us and not necessarily in response to what is happening in real time.

To say that there are no negative effects of sexual assault, is really saying that the victim is not displaying the emotions you expect to your satisfaction. This is

unacceptable. There is no other disability where this lack of education would be tolerated. There is always harm from sexual assault, and we should not have to be giving you behavioural clues, we expect you to have the education and professionalism to already know this.

When I think into the future about when I might need residential care, I feel scared and vulnerable. Will I be one of the 58% that are just left to live with it? Will staff assume that I 'wanted it' because I didn't say no? Are we really saying these words in 2022?

Sexual consent is critical at any time in our lives. It doesn't become less important as we get older. However, when I go into residential care, who is going to be listening or caring if I consent or not? Who will protect me from unwanted sexual encounters, and who will protect me from making unwanted advances?

Staff need to understand that so many residents have experienced trauma, whether they have told you about it or not. If a person with dementia says they have been sexually assaulted in residential aged care, that does not automatically mean they are recalling a childhood sexual assault. A sexual assault in aged care can also trigger memories of earlier trauma. You need to listen, and you need to provide support.

Please imagine you are in the situation of having been sexually assaulted, you have the feelings of it, but can't communicate those feelings, or relate them to any event as the memory is gone. You still feel the distress but can't say what it relates to.

Understand what the resident is feeling and act to make sure they feel safe and are not distressed. Understand that there may be triggers, for example if the victim is in the same room, same surroundings, same everything – it may not help them feel safer. Please consider changing at least something, by way of acknowledgement, and to signal to the resident that they have been heard and are being actively protected.

Give them the option to access a sexual assault counsellor; they don't have to be able to speak to benefit from someone who can provide them with professional support.

This may seem meaningless to you if you are still in the head space that action is not worthwhile unless the recipient is grateful or responsive, but I'd argue that inside the heart of the person, it will be appreciated.

No one hearing me - no one hearing them. Antonia, Aged Care Worker

I have seen residents being sexually assaulted twice, in different residential aged care homes. It was very confronting. I tried to make sure the residents were protected. I was not given any assistance. No emotional assistance. When I was in tears, nothing was done. I witnessed this and had no support. For me it was very confronting.

The first time I walked into a room with another care worker and saw a resident being sexually assaulted, it was in a dementia unit. We informed the registered nurse at the time, and she said pull the curtains across. She wouldn't accept that it was inappropriate; she just wanted us to make sure no one else saw what was happening.

The next day when I went to work, I checked the documentation and there was nothing about the sexual assault. So, I spoke to the other nurse who witnessed the sexual assault and I said we have to do something. I contacted management and said that I wasn't happy. I felt I could do that because I had the support of someone else there who had witnessed it.

But nothing happened there. There was no action. The family was not informed. The residents were living close to each other – they weren't separated. There was no action. No one else was told. How can staff monitor residents to make sure they are safe if they are not told what is happening?

The wife of the resident who was being sexually assaulted was a gate shaker. She was always asking questions about his care. Which is wonderful. She was making sure we were doing what we needed to do for him. Good on her. But she was never told; maybe because she was a gate shaker, and they knew she would be upset.

Management didn't listen to us. There was no validation of what had happened. If they wanted to put it under the carpet it was one thing – but they didn't tell the other staff and so the staff couldn't protect the residents.

They didn't give me the opportunity to do my duty of care. I felt I couldn't protect the residents. So, I left.

We had education about the Serious Incident Response Scheme and forms to fill out. But it just feels like paper. It got stuck at the next level up. The manager was ok, but the next level up put a stop to anything being done. I don't know why – but they did. So, I left. I couldn't do it anymore.

And when I moved to another aged care home, I saw it happen again. I feel so responsible. I feel like no one is listening and so they are not protecting the resident. So, every shift, the first thing I do is check she is ok. We have management strategies to help prevent sexual assault and some staff don't know about them and some staff don't do them. So, I feel responsible to protect her. I check as often as I can. But it's not just my responsibility, it needs to be all staff.

When I saw the second resident being sexually assaulted, I nearly lost my bundle. I think I may be oversensitive to unfair things. I am a worrier. People that are being downtrodden – I can't stand it.

But I can only do so much. It was taking a toll emotionally. I felt like it was up to me to do this. I felt it was my stuff I had to do to protect her. We are supposed to be a team. But it was up to me. No one is listening. This poor woman. And the poor man – I don't know what is going on in his head. No one talked to him.

I kept asking for staff to protect her. The team leader just wouldn't listen. Then we got a new manager and I got called to the office. I was really excited. I thought that it was going to be sorted out. But it wasn't. An incident report form was filled out. The family was notified; but the strategies we agreed to are not being put in place.

I have to shut it down emotionally. I can't cope. I have done all I can. If it happens again, I will just call the police.

I get so wound up and sometimes I come home and have a drink. I need to find better ways of supporting myself. I have supportive family. I read books – that helps.

I don't think managers realise how much trauma they cause residents and staff by not doing anything or not doing enough.

So many aged care nurses are going to leave. Maybe because of the low wages, which is sad. But of there was more done to support residents and staff, more people would stay. We have caring RN, but above them there is the hierarchy. They shut things down. There is no care factor from them. The number crunchers are worried about what will happen if a sexual assault is reported.

People tell me I am too caring. They say that like it's an insult. They are not saying it as a good thing. I am not going to shut down. I couldn't do that. When residents are upset about the food, I encourage them to say something, but they are so frightened. So, I try to help them voice their concerns. But they are worried they are going to get chucked out. How do we change that, so that they have a voice? And if they can't complain about the food, how do they complain about sexual assault?

It would be good to have a counsellor or a social worker that had empathy that residents could talk to. We have activity officers; we need someone like that, that the residents can speak to. The families when they walk out of the dementia unit look devastated – it would be great to have someone to listen to them. If that was done, I probably wouldn't feel so frustrated.

Staff need the same thing. They need someone to listen and validate their concerns and follow up with them. We are being smashed with things we have to do – and we are reporting incidents like sexual assault and that's where it ends. We are doing our part and it stops there. Ooooh!!! It's awful. It's so frustrating. It's just exhausting. It's so difficult trying to think of how to make sure an incident gets escalated, so something gets done. I can't walk away from that. I find it really exhausting.

I am so fine-tuned now for another incident. I was worried it would send me over the edge. No one hearing me. No one hearing them. Aged care is so much better than it used to be. So much better than it was. But it's still not enough.

I knew I needed to do some things to empower me. So, I joined an agency that provides casual staff to aged care services. It gave me the opportunity to look around and see if there were other aged care services that were better. It really empowered me. I found an aged care service I liked, and I have taken work with them. So far – so good. The care seems to be good. I can't do it on my own, I can't give residents good care in an organisation that doesn't care.

Aged care services that don't listen to their staff will lose their staff and end up spending a fortune on agency staff. They also end up supporting the immigration of workers from overseas, the workers have no prior aged care experience, they get trained on the job and get support for their immigration and accommodation. That has to be more expensive than looking after your own staff, so they don't leave.

If I report sexual assault there should be an investigation, check the residents, notify the family and the doctor. But, because they are old people, it is thrown off as dementia.

It would make the job a lot easier to know that we had support – for the staff and the residents; and that incident report processes are properly followed up. I didn't know where to go when I reported sexual assault, and then nothing happened. I wish there was something more I could do.

In one place I worked they had a notice board in the staff room to say you can contact the Employee Assistance Program (EAP). I knew the EAP number was there if I needed it. That should be mandatory; staff should have access to that number all the time. But where I am now, they don't have any information anywhere for staff on EAP. Why have that service and not tell staff about it?

After this last sexual assault, I struggled to find support for me. I was frantic to find help. The information should be there for us; so that we have support to then be able to help residents. I didn't know who to ring for support. So, I rang the human resource department and asked for the number for staff counselling. The information must have been passed on to my manager. I didn't want that. I wanted to access it without telling the manager. The manager should have reached out to be supportive when I reported a resident had been sexually assaulted.

Sexual assault is all hush hush. So many staff don't want to talk about it. I see the resident who was being sexually assaulted and she had lights in her eyes like a rabbit in the headlights. I can't forget that.

You are a nurse you have got to care for residents. Some staff don't have any empathy. Must be horrendous what some staff have been through in their lives. But you get paid and you are here to care. Where is the respect? If we had respect, it would be wonderful. We would be a team. It would be so supportive and make the job so much easier and the care would be so much better.

We brush stuff aside. No one is picking up what residents need and what staff need. We need stronger team leaders. We need them to check in and ask: how is your day today? I don't know how to work with nurses who don't give a shit. How do I work around them? I dread it. I think they dread working with me because I make them accountable. It's exhausting.

Care needs to be holistic. Not just a list of tasks. Management needs to listen to us. This is the problem. They are not listening to us.

Further resources and supports

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

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 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 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 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

Fullstop 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/