

# READY TO LISTEN

## The #ReadyToListen Audit and Planning Tool

### For Preventing Sexual Assault in Residential Aged Care

Written by

Dr Catherine Barrett and Yumi Lee

Version 2, 2026



## Contents

<b>IMPORTANT DEFINITIONS .....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
<b>INTRODUCTION .....</b>	<b>6</b>
<b>AUDIT AND PLANNING TOOL.....</b>	<b>10</b>
<b>USEFUL CONTACTS.....</b>	<b>21</b>

### **Acknowledgements**

The #ReadyToListen project was funded by the Australian Government Department of Health, Disability and Ageing and was led by the [Older Persons Advocacy Network](#) in partnership with [Celebrate Ageing](#) and the [Older Women's Network, New South Wales](#).

### **Ready To Listen resources**

The #ReadyToListen project has developed a suite of resources for older people, people living with dementia, family members and service providers. Go to the MAP webpage for an overview of the and links to further resources:  
<https://opan.org.au/training/ready-to-listen/>

### **Suggested citation**

Barrett, C and Lee, Y (2026). The #ReadyToListen Audit and Planning Tool for Preventing Sexual Assault in Residential Aged Care. Older Persons Advocacy Network. Available from: <https://opan.org.au/training/ready-to-listen/>

### **More information**

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

## Important definitions

This resource was designed to support aged care staff improve responses to, and prevent, sexual assault in residential aged care. It outlines how they might approach their obligations under the Aged Care Act, 2024.<sup>1</sup> It is not legal advice or a compliance guide.

### **Affirmative consent**

Affirmative consent is a communicative model of intimacy to better give effect to the values of mutuality, respect, autonomy and dignity.<sup>2</sup> Affirmative consent makes it clear that a person does not consent to sexual activity unless they said or did something to communicate consent.<sup>3</sup> The objectives of affirmative consent in residential aged care are to recognise that every older person 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 an older person 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.

### **Disclosure**

The word disclosure is used by a number of key services<sup>4,5</sup> in relation to sexual assault, and broadly reflects a process for making something known.

### **Older person**

In the context of this resource, the term older person is used to refer to a person living in residential aged care

### **Perpetrator**

The term perpetrator refers to the person directly engaged in sexual assault<sup>6</sup>, as well as people who may induce or assist others to engage in the sexual assault<sup>7</sup>. The term 'perpetrator' is used to reinforce the serious nature of sexual assault.<sup>8</sup>

### **#ReadyToListen**

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 older people. Being #ReadyToListen is achieved through organisational policy and education for staff and information for older people and their families on sexual assault.

---

<sup>1</sup> <https://www.legislation.gov.au/C2024A00104/latest/text>

<sup>2</sup> <https://www.austlii.edu.au/au/journals/SydLawRw/2023/20.pdf>

<sup>3</sup> <https://www.mondaq.com/australia/crime/1136522/affirmative-sexual-consent-laws-passed-in-new-south-wales>

<sup>4</sup> <https://www.racgp.org.au/afp/2015/march/disclosures-of-sexual-abuse-what-do-you-do-next>

<sup>5</sup> <https://aifs.gov.au/publications/responding-young-people-disclosing-sexual-assault>

<sup>6</sup> [https://www.police.vic.gov.au/sites/default/files/2019-02/Victoria-Police-Reporting-Guidelines--v12-2\\_7Mar16\\_gvr.pdf](https://www.police.vic.gov.au/sites/default/files/2019-02/Victoria-Police-Reporting-Guidelines--v12-2_7Mar16_gvr.pdf)

<sup>7</sup> Ibid.

<sup>8</sup> <https://plan4womenssafety.dss.gov.au/wp-content/uploads/2015/04/glossary-web-national-outcome-standards-for-perpetrator-interventions.pdf>

## Registered supporters

A registered supporter<sup>9</sup> is an individual who has been nominated by the older person to promote the older person's rights to make decisions and stay in control of their life. Registered supporters can:

- help the older person to make their own decisions
- request, access or get information to help the person they are supporting
- communicate information on behalf of the older person with their consent.

Only people with an active state or territory appointment as a substitute decision-maker, such as an enduring guardian or an enduring power of attorney, can make aged care decisions on behalf of an older person. These people can only make decisions within the scope of their active, legal authority..

Registered supporters have duties under the Aged Care Act – including respecting the older person's decisions even if they don't agree with them.

## Sexual assault

The definition of sexual assault varies across each state/territory. The #ReadyToListen resources use the term to encompass 'unlawful sexual contact and inappropriate sexual conduct' as outlined in the Aged Care Rules,<sup>10</sup> as follows:

### *Unlawful sexual contact, or inappropriate sexual conduct*

(4) In [paragraph 16\(1\)\(b\)](#) of the Act, the expression "unlawful sexual contact, or inappropriate sexual conduct, inflicted on the individual" includes the following:

- (a) if the contact or conduct is inflicted by a person who is an aged care worker of the registered provider - the following:
  - (i) any conduct or contact of a sexual nature inflicted on the individual, including (without limitation) sexual assault, an act of indecency and the sharing of an intimate image of the individual;
  - (ii) any touching of the individual's genital area, anal area or breast in circumstances where this is not necessary to deliver funded aged care services to the individual;
- (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 individual;
- (c) engaging in conduct relating to the individual with the intention of making it easier to procure the individual to engage in sexual contact or conduct.

(5) However, that expression does not include consensual contact or conduct of a sexual nature between the individual and a person who is not an aged care worker of the registered provider, including another individual to whom the registered provider delivers funded aged care services.

---

<sup>9</sup> <https://www.health.gov.au/resources/publications/guide-to-aged-care-law/chapter-1-introduction/supported-decision-making>

<sup>10</sup> <https://www.legislation.gov.au/F2025L01173/asmade/text>

## **Staff**

The term staff is used throughout to refer to leaders, employees, contractors and volunteers of registered aged care service providers. This includes [aged care workers](#), [responsible persons](#) and [associated providers](#) as defined under the Aged Care Act 2024. Board members, senior managers, quality managers, and similar roles will have particular responsibilities in the context of preventing and responding to sexual assault in aged care.

## **Substitute/appointed decision-maker**

Substitute decision-makers (such as an enduring guardian or an enduring power of attorney) are appointed decision-makers for the older person and can make decisions on their behalf under state or territory arrangements, in line with their active, legal authority. The appointed decision-maker only has the authority to make decisions within the scope of their active, legal authority, e.g. financial or health care decisions.

They are required to act in accordance with the person's rights, will and 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 recognises every person's right to have their will and preferences heard.

## **Supported decision-making**

Supported decision-making describes when older people receive support to make and communicate their own decisions, rather than having decisions made for them. This can help older people to remain in control of their lives.

Under the new Act, aged care providers must support older people to make their own decisions.

## **Victim/survivor**

The term victim may be used to refer to the person who has been sexually assaulted<sup>11</sup>, particularly to illustrate that a sexual assault has been committed.<sup>12</sup> The term 'survivor' often refers to a person who is going through or has gone through a recovery process.<sup>13</sup> Some of the #ReadyToListen resources refer to victims/survivors in recognition that those impacted have the right to choose how they are referred to.

---

<sup>11</sup> [https://www.police.vic.gov.au/sites/default/files/2019-02/Victoria-Police-Reporting-Guidelines--v12-2\\_7Mar16\\_qvr.pdf](https://www.police.vic.gov.au/sites/default/files/2019-02/Victoria-Police-Reporting-Guidelines--v12-2_7Mar16_qvr.pdf)

<sup>12</sup> <https://sakitta.org/toolkit/docs/Victim-or-Survivor-Terminology-from-Investigation-Through-Prosecution.pdf>

<sup>13</sup> Ibid.

---

*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 older people.*

*Sexual assault in residential aged care is never okay. Being #ReadyToListen is an important step in prevention.*

Mr Craig Gear, CEO Older Persons Advocacy Network (OPAN)

---

## Introduction

Over the past few years there have been significant policy reforms related to sexual assault in residential aged care, which have led to the development of this resource.

In Australia, processes for reporting sexual assault in residential aged care were introduced in 2004, when the Department of Health, Disability and Ageing launched a scheme for the compulsory reporting of incidents, including sexual assault<sup>14</sup>. There were 'limited circumstances' for reporting, which meant that sexual assault was not reported if the perpetrator was cognitively impaired.

Data gathered for this compulsory reporting scheme was outlined in an annual Report on the Operation of the Aged Care Act annually from 2004 to 2020. The 2019-2020 report identified there were 851 reports of alleged or suspected unlawful sexual contact<sup>15</sup>.

A critique of the compulsory reporting approach was that data was collected, but it was not clear that it was being utilised to inform strategies for prevention. This gap and the limited circumstances approach have arguably contributed to conceptualising the sexual assault of older people as a lesser crime – or no crime at all. Recent research identified that in 58% of sexual assaults, staff in residential aged care reported there were no negative impacts on the resident<sup>16</sup>. This is a myth.

Global research shows the harm to victims/survivors of sexual assault in residential aged care, includes the following:

- high rates of mortality, physical injury and delirium, as well as protracted PTSD<sup>17</sup>

---

<sup>14</sup> <https://www.gen-agedcaredata.gov.au/Resources/Reports-and-publications/2020/September/Report-on-the-operation-of-the-Aged-Care-Act>

<sup>15</sup> <https://www.health.gov.au/news/announcements/2019-20-report-on-the-operation-of-the-aged-care-act-1997>

<sup>16</sup> <https://www.health.gov.au/resources/publications/prevalence-study-for-a-serious-incident-response-scheme-sirs>

<sup>17</sup> <https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

- physical injuries, including long term health conditions, exacerbation of existing injuries or conditions<sup>18</sup>
- higher rates of genital trauma, aches and pains, cuts and bruises, and sexually transmitted diseases, compared to younger women<sup>19</sup>
- fear of perpetrator reoffending resulting in distress, insomnia, and general failure to thrive.<sup>20</sup>
- delays in processing and impaired communication which potentially compounds the trauma of sexual assault.<sup>21</sup>

The ageist, sexist, ableist myth that sexual assault in residential aged care causes no harm to most residents is a major barrier to preventing sexual assault and supporting victims/survivors. It is difficult to imagine a service provider supporting victims/survivors or prioritising safety plans for prevention when they think sexual assault is harmless.

## Reforms to policy, legislation and standards

The Aged Care Royal Commission's final report<sup>22</sup> estimated there are 50 sexual assaults in residential aged care each week. Following the Royal Commission, a series of reforms were implemented, including the following:

- 2020: Serious Incident Response Scheme (SIRS)<sup>23</sup> was launched by the Aged Care Quality and Safety Commission (ACQSC) for residential aged care. The SIRS framework requires that all sexual assaults are reported as a Priority 1 incident, within 24 hours
- 2021: A fact sheet on sexual assault was developed by ACQSC<sup>24</sup>, and was updated the following year<sup>25</sup>
- 2022: An Aged Care Code of Aged Care Code of Conduct<sup>26</sup> was developed, clarifying the responsibilities of providers, responsible persons and aged care workers to deliver aged care services free from sexual misconduct and take all reasonable steps to prevent and respond to sexual misconduct
- 2025: The Aged Care Act (2024) is launched – articulating the sexual rights of older people to be free from sexual violence.<sup>27</sup>
- 2025: The Strengthened Aged Care Quality Standards include explicit reference to the sexual rights of older people.<sup>28</sup>

In addition to these reforms, the Australian Government Department of Health, Disability and Ageing funded The Ready to Listen project in 2021, to help improve

<sup>18</sup> Bows, Hannah (2019). Violence against older women. Nature and extent. Springer

<sup>19</sup> Bows, Hannah (2019). Violence against older women. Nature and extent. Springer Link

<sup>20</sup> opalinstitute.org/margarita

<sup>21</sup> [https://www.nsvrc.org/sites/default/files/Elder\\_Sexual\\_Assault\\_Technical-Assistance-Manual.pdf](https://www.nsvrc.org/sites/default/files/Elder_Sexual_Assault_Technical-Assistance-Manual.pdf)

<sup>22</sup> <https://agedcare.royalcommission.gov.au/publications/final-report>

<sup>23</sup> <https://www.agedcarequality.gov.au/consumers/serious-incident-response-scheme#compulsory%20reporting>

<sup>24</sup> <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

<sup>25</sup> [https://www.agedcarequality.gov.au/sites/default/files/media/sirs\\_unlawful\\_sexual\\_contact\\_or\\_inappropriate\\_sexual\\_conduct\\_fact\\_sheet\\_1.pdf](https://www.agedcarequality.gov.au/sites/default/files/media/sirs_unlawful_sexual_contact_or_inappropriate_sexual_conduct_fact_sheet_1.pdf)

<sup>26</sup> <https://www.agedcarequality.gov.au/workers/aged-care-code-conduct/aged-care-code-conduct>

<sup>27</sup> <https://www.legislation.gov.au/C2024A00104/latest/text>

<sup>28</sup> <https://www.agedcarequality.gov.au/providers/quality-standards/strengthened-aged-care-quality-standards>

responses to and prevent sexual assault in residential aged care – as outlined in the following section.

## The #ReadyToListen project

In 2021, the Older Persons Advocacy Network (OPAN) presented a proposal to the Department of Health, Disability and Ageing for a national project to deliver education and resources to residential care service providers on preventing sexual assault and supporting victim/survivors. The #ReadyToListen project was funded, led by OPAN in partnership with Celebrate Ageing Ltd and the Older Women's Network, New South Wales.

The leadership of OPAN on the #ReadyToListen project is important. The project is the first national approach to prevention and represents the beginning of a period of great reflection by other key stakeholders about their role in reforms.

The #ReadyToListen approach is about understanding the risk of sexual assault, knowing the indicators, believing those who disclose, acknowledging impacts, providing support, and taking proactive steps to protect residents. At the heart of the project is a #ReadyToListen MAP.

## The #ReadyToListen MAP

The #ReadyToListen MAP provides education and outlines practical strategies to improve responses to sexual assault disclosure and to prevent sexual assault in residential aged care. The MAP offers a suite of resources that can be localised to the context of each state/territory and the internal processes of each residential aged care service.

The MAP approach recognises that 'one-off education' is not enough. It requires guidelines for person-centred care, information for older people and families, education for staff, frameworks for change, organisational policies and this audit tool.

The MAP outlines the **Myths, facts And Practical** strategies to be #ReadyToListen when sexual assault is disclosed. It has the following 10 elements, or ways of knowing and doing, required by residential aged care service providers:

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

This audit tool relates to Element 10: promoting protection, prevention and service improvement to prevent sexual assault. Information on all the elements is outlined in MAP Guidelines, which need to be read before the audit is undertaken. The #ReadyToListen webpage on the OPAN website has all the resources required to achieve the steps listed above. Go to: <https://opan.org.au/training/ready-to-listen/>

## How to use the audit

This Audit and Planning Tool provides an invaluable opportunity to audit services against the #ReadyToListen elements in the MAP. The audit enables gaps to be identified and can inform plans for improvement. It also provides a means by which to measure change. Suggested steps include:

- review the MAP Guidelines
- review all #ReadyToListen resources
- audit your service using the tool and the steps outlined below
- review audit results and plan improvements
- repeat the #ReadyToListen audit to identify improvements and further opportunities for improvement.

The tool covers the 10 elements of the MAP Guidelines and there are three indicators for each element. For each indicator in the audit tool, record the following:

- What you have done to achieve each indicator
- What else you need to do to achieve each indicator
- Rate your progress between 0-3 for each indicator
  - Give your service a rating of 0 if haven't achieved any action for this indicator
  - Give your service a rating of 1 or 2 if you have partially achieved the indicator
  - Give your service a rating of 3 if you have completely achieved the indicator

The rating system is intended for your internal use, to help you monitor your achievements. It may be useful to discuss the audit at team meetings, or to consult older people and their families.

## Audit and Planning tool

<b>Date:</b>	<b>Time:</b>
<b>Service:</b>	
<b>Auditor's name/s:</b>	
<b>People consulted:</b>	
<b>Auditor's notes:</b>	

## Element 1: Understanding sexual assault definitions and prevalence

Education and resources are provided to ensure staff understand the definition of sexual assault and the prevalence.

No	Indicator	Progress and Plans	Score
1.1	Staff education includes definitions and prevalence of sexual assault		/3
1.2	The definition of sexual assault is promoted through posters in staff areas and on the intranet etc		/3
1.3	The incident management or sexual assault policy includes a definition of sexual assault.		/3

**Further details of progress and plans:**

## Element 2: Clarifying sexual rights and consent

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

<b>No</b>	<b>Indicator</b>	<b>Progress and Plans</b>	<b>Score</b>
2.1	Staff education is provided on the Charter of Sexual Rights and Responsibilities in Residential Aged Care		/3
2.2	Older people and their families can access a copy of the Charter		/3
2.3	The service has a policy or guidelines for clarifying sexual consent.		/3

**Further details of progress and plans:**

### Element 3: Assessing the indicators of sexual assault

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

<b>No</b>	<b>Indicator</b>	<b>Progress and Plans</b>	<b>Score</b>
3.1	Education is provided on the indicators of sexual assault		/3
3.2	Education is provided to staff on how indicators of sexual assault may differ when the victim has dementia		/3
3.3	The sexual assault or incident management policy outlines next steps for staff who identify indicators of sexual assault.		/3

**Further details of progress and plans:**

## Element 4: Identifying the impacts of sexual assault

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

No	Indicator	Progress and Plans	Score
4.1	Education is provided for staff on the impacts of sexual assault, including for people with dementia		/3
4.2	Education explores the myth that sexual assault has no impacts		/3
4.3	Education provides staff with an understanding of impacts on victim/survivors to better plan their care needs.		/3

**Further details of progress and plans:**

## Element 5: Complying with reporting requirements

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

No	Indicator	Progress and Plans	Score
5.1	The service has a sexual assault policy or similar document that clarifies guidelines for reporting internally, to SIRS and police		/3
5.2	Staff are provided with guidelines for reporting sexual assault to police		/3
5.3	Staff education encompasses internal and external reporting requirements.		/3

**Further details of progress and plans:**

## Element 6: Providing immediate safety and support

A safety plan is developed for the victim/survivor and evaluated in consultation with the victim/survivor and includes access to sexual assault and advocacy services.

No	Indicator	Progress and Plans	Score
6.1	The organisation's sexual assault policy or similar document outlines processes for victim/survivor access to supports and advocacy and promotes safety		/3
6.2	Education is provided to staff on support, advocacy, and safety		/3
6.3	A safety planning template is available and staff education provided on its use.		/3

**Further details of progress and plans:**

## Element 7: Practicing Open Disclosure

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

No	Indicator	Progress and Plans	Score
7.1	Staff education includes training on Open Disclosure and Sexual Assault		/3
7.2	Team leaders apologise when a sexual assault is disclosed and identify strategies for prevention		/3
7.3	Victim/survivors and their families are provided with information on sexual assault, including how to contact the Aged Care Quality and Safety Commission.		/3

**Further details of progress and plans:**

## Element 8: Providing trauma-informed aged care services

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

<b>No</b>	<b>Indicator</b>	<b>Progress and Plans</b>	<b>Score</b>
8.1	Staff are provided with resources and education on trauma-informed services		/3
8.2	Staff debriefing occurs following sexual assault disclosures		/3
8.3	Staff and older people report they are respected and heard every day.		/3

**Further details of progress and plans:**

## Element 9: Recognising and reducing older people’s vulnerability

Staff recognise factors that contribute to older people’s vulnerability to sexual assault and take steps to reduce this vulnerability.

No	Indicator	Progress and Plans	Score
9.1	Staff education is provided on victim and perpetrator characteristics and strategies for minimising risk of sexual assault		/3
9.2	Staff education is provided on the role of staff member’s attitudes in vulnerability of older people to sexual assault		/3
9.3	Staff debriefing is facilitated after sexual assault to identify factors contributing to victim/survivor vulnerability.		/3

**Further details of progress and plans:**

## Element 10: Protection, prevention and quality improvements

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

No	Indicator	Progress and Plans	Score
10.1	Mandatory staff education on sexual assault is provided on an annual basis and after sexual assault disclosures		/3
10.2	The service has a sexual assault policy (or similar) that provides clear guidance for staff on responses to, and prevention of, sexual assault		/3
10.3	An annual audit using the #ReadyToListen audit tool is undertaken to identify and reduce possible risks.		/3

**Total score:**  
/90

**Auditor's reflections:**

## Useful contacts

### **1800RESPECT**

The National Sexual Assault, Domestic Family Violence Counselling Service provides a 24-hour hotline. Contact them on 1800 RESPECT (1800 737 732) and ask for the details of your closest sexual assault service.

### **1800FULLSTOP**

Fullstop Australia aims to put a full stop to sexual, domestic, or family violence. They offer confidential counselling for people who have experienced sexual assault and for family members. Call 1800 385 578 any time or check the website:

<https://fullstop.org.au/>

### **The Older Persons Advocacy Network (OPAN)**

The Older Persons Advocacy Network, or OPAN provides independent, confidential, and free advocacy support for people living in residential aged care. OPAN has provided training and support to all their services to better understand how to support people who have been sexually assaulted in residential aged care.

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 the Aged Care Advocacy Line on 1800 700 600 (7 days week) or check the website at: <https://opan.org.au>

### **The Aged Care Quality and Safety Commission**

The Aged Care Quality and Safety Commission (ACQSC) assesses the quality of care and services in residential aged care and manages the Serious Incident Response Scheme or SIRS (all sexual assault must be reported to SIRS within 24 hours). Contact the Commission to make a complaint about sexual assault or the way it was managed. Call: 1800 951 822 (9am-5pm, Monday to Friday) or check their website here: <https://www.agedcarequality.gov.au/>

### **Ready To Listen resources**

The #ReadyToListen project has developed a suite of resources for older people, people living with dementia, family members and service providers. Go to the Ready to Listen webpage for an overview of the and links to further resources:

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