

# READY TO LISTEN

## The #ReadyToListen Older Women's Map Guidelines

Understanding Older Women's  
Experiences and Improving  
Responses to, and Preventing,  
Sexual Assault in Residential  
Aged Care

Written by  
Dr Catherine Barrett and Yumi Lee  
2026



# Contents

<b>IMPORTANT DEFINITIONS.....</b>	<b>3</b>
<b>INTRODUCTION .....</b>	<b>6</b>
<b>MAP ELEMENTS .....</b>	<b>14</b>
<b>STORIES FROM OLDER WOMEN .....</b>	<b>35</b>
<b>SUPPORT SERVICES.....</b>	<b>57</b>

## **Content note**

Please note the older women’s stories at the end of this report include references to sexual assault. If you need to talk to someone about sexual assault, please call

- 1800FULLSTOP or 1800 385 578 any time or check the website: <https://fullstop.org.au/> or
- 1800RESPECT on 1800 737 732 any time or check the website: <https://www.1800respect.org.au/>

## **Acknowledgements**

Special thanks to Beverly Baker, Menaka Cooke, Jane Mears and June Lowe for their project guidance. Thanks also to Helen Walker, former Education Specialist, OPAN; and Anna Harrington, Manager Advocacy Practice, OPAN.

## **The #ReadyToListen project**

This resource was developed for the #ReadyToListen project, which was funded by the Australian Government Department of Health and was led by the Older Persons Advocacy Network, in partnership with Celebrate Ageing Ltd and the Older Women's Network, New South Wales.

## **Suggested citation**

Barrett, C and Lee, Y. (2026). The #ReadyToListen Older Women’s MAP Guidelines. Understanding older women’s experiences and improving responses to, and 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 can be found here: <https://opan.org.au/training/ready-to-listen/>

## Important definitions

This resource was designed to support staff improve responses to, and prevent, sexual assault in residential aged care. It outlines how staff 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\\_gvr.pdf](https://www.police.vic.gov.au/sites/default/files/2019-02/Victoria-Police-Reporting-Guidelines--v12-2_7Mar16_gvr.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 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.<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 contributed to conceptualising the sexual assault of older people as a lesser crime – or no crime at all. For example, one study identified that in 58% of sexual assaults, staff reported there were no negative impacts on the older person.<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>
- physical injuries, including long term health conditions, exacerbation of existing injuries or conditions<sup>18</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>

<sup>18</sup> <https://link.springer.com/book/10.1007/978-3-030-16601-4>

- 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 older people is a major barrier to preventing sexual assault and supporting victims/survivors. It is difficult to imagine a staff member supporting victims/survivors or prioritising safety plans for prevention - when they think sexual assault is harmless. There is a need for reform to prevent sexual assault.

## 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 funded The Ready to Listen project in 2021, to help improve responses to and prevent sexual assault in residential aged care.

This resource was developed for the #ReadyToListen project to understand the role of gender in preventing sexual assault in residential aged care.

<sup>19</sup> Ibid.

<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>

## Gender, ageing, ageism and sexual assault

Most victim/survivors of sexual assault in residential aged care are older women.<sup>29</sup> This fact needs to be understood in context - ageing, ageism and sexual assault are gendered experiences and prevention of sexual assault must be viewed through a gender lens.<sup>30</sup>

Gender has a powerful influence on our lives, across the lifespan. It influences the schools attended, sports played, leadership and employment opportunities, workplace safety, rates of pay, social experiences, caring responsibilities, exposure to violence, abuse and sexual assault, levels of health and wellbeing, health seeking behaviours and access to health care and support services.<sup>31</sup>

Despite the clear role gender plays in our lives, the influence of gender in the lives of older people is often overlooked.

For older people, gender influences the rates of disability, burden of disease, causes of death, life expectancy,<sup>32</sup> health status, feelings of safety at home, access to transport, workforce participation rates, caring responsibilities,<sup>33</sup> use of health and aged care services,<sup>34</sup> retirement income<sup>35,36</sup> likelihood of poverty,<sup>37</sup> risk of homelessness,<sup>38</sup> abuse,<sup>39</sup> sexual assault,<sup>40</sup> suicidality,<sup>41</sup> discrimination, rates of violence,<sup>42</sup> and many other aspects.

The gendered experience of ageing also varies with hierarchies of privilege or disadvantage. This can include factors such as race, ethnicity, class, socioeconomic status, religion, language, geographical location, disability, migration status, sex, queerness, and increasing age.<sup>43</sup>

For older women, gender is a powerful determinant of equality with some older women experiencing a lifetime of gender inequality. Historical inequalities include limited property rights,<sup>44</sup> a ban on working in the public service after they were married,<sup>45</sup> inability to secure a bank loan without a male guarantor,<sup>46</sup> or a passport without a husband's authorisation.<sup>47</sup>

Marital separation was complicated by these limitations and by laws that required a woman to prove her husband's behaviour warranted divorce.<sup>48</sup> There was a widely

---

<sup>29</sup> <https://pubmed.ncbi.nlm.nih.gov/28402419/>

<sup>30</sup> <https://www.emboldenfestival.com/uploads/1/5/3/9/15399992/genderlenselements.pdf>

<sup>31</sup> *ibid*

<sup>32</sup> <https://www.aihw.gov.au/reports/older-people/older-australians/contents/health/health-status-and-functioning>

<sup>33</sup> <https://www.carersaustralia.com.au/programs-projects/women-who-care/>

<sup>34</sup> <https://www.aihw.gov.au/reports/older-people/older-australia-fourth-edition/summary>

<sup>35</sup> [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Economics/Economic\\_security\\_for\\_women\\_in\\_retirement/Report/c09](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Economics/Economic_security_for_women_in_retirement/Report/c09)

<sup>36</sup> <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/retirement-and-retirement-intentions-australia/latest-release>

<sup>37</sup> [https://melbourneinstitute.unimelb.edu.au/\\_data/assets/pdf\\_file/0010/2437426/HILDA-SR-med-res.pdf](https://melbourneinstitute.unimelb.edu.au/_data/assets/pdf_file/0010/2437426/HILDA-SR-med-res.pdf)

<sup>38</sup> [https://www.older tenants.org.au/sites/default/files/at\\_risk\\_policy\\_snapshot\\_and\\_key\\_findings\\_web.pdf](https://www.older tenants.org.au/sites/default/files/at_risk_policy_snapshot_and_key_findings_web.pdf)

<sup>39</sup> <https://aifs.gov.au/research/research-reports/national-elder-abuse-prevalence-study-final-report>

<sup>40</sup> <https://opan.org.au/ready-to-listen/#map-guidelines>

<sup>41</sup> <https://www.1.racgp.org.au/newsq/clinical/suicide-rates-reveal-the-silent-suffering-of-austr>

<sup>42</sup> <https://www.latrobe.edu.au/arcs/hs/work/private-lives-3>

<sup>43</sup> <https://iris.who.int/bitstream/handle/10665/356151/9789240052550-eng.pdf?sequence=1>

<sup>44</sup> <http://www.austlii.edu.au/au/journals/AUJ/GendLaw/2009/6.pdf>

<sup>45</sup> <https://www.vwt.org.au/gender-equality-timeline-australia/>

<sup>46</sup> <https://web.archive.org/web/20240515110437/https://timeline.awava.org.au/>

<sup>47</sup> [https://web.archive.org/web/20060614171552/http://www.passports.gov.au/Web/passport\\_history.aspx](https://web.archive.org/web/20060614171552/http://www.passports.gov.au/Web/passport_history.aspx)

<sup>48</sup> <https://www.abc.net.au/news/2020-02-11/history-no-fault-divorce-and-family-law-in-australia/11931556>

promoted hierarchy in heterosexual marriage, men were encouraged to control their wives and women were told it was their duty to obey their husbands.<sup>49</sup>

Women who separated from their husbands may not have had access to child support,<sup>50</sup> or superannuation.<sup>51</sup> Those who left abusive relationships often exited into poverty, with little possibility of saving for their retirement.<sup>52</sup>

Additionally, over hundreds of years, marital rape immunity laws established a sexual power imbalance in heterosexual relationships. These laws meant that husbands were not required to negotiate sexual consent with their wives and were immune from rape prosecution.<sup>53</sup> A cultural tone was set and women who challenged this dynamic were often labelled vindictive.<sup>54</sup> Marital rape immunity laws still exist in many countries,<sup>55</sup> but were only reformed in the late 1980s in Australia.<sup>56</sup>

The legacies of these laws continue to shape views of sexual consent, sexual rights and responsibility, particularly for older women.<sup>57</sup> They also shape older women's willingness to report sexual assault or access sexual assault support services.

For older women, a lifetime of gender inequality intersects with gendered ageism, entangled with sexism and misogyny,<sup>58</sup> to create further inequalities.<sup>59</sup> Gendered ageism is so deeply embedded as a cultural norm that it is often overlooked or assumed to be harmless. On the contrary, ageist/sexist attitudes towards older women are disempowering, exacerbate gender inequalities,<sup>60</sup> and contribute to the silencing of older women and their vulnerability to sexual assault.<sup>61</sup>

Recognition of the importance of gender and the need for gender equality has led to a global focus on gender analysis and strategies to promote gender equality. In Australia, the Department of the Prime Minister and Cabinet outlines the importance of putting gender equality at the heart of policy and decision making for a more equitable society, outlining that,<sup>62</sup>

*Policies that are developed without consideration of gender, or which are considered 'gender-neutral' or 'gender-blind' policies, assume that gender is not a factor in how a particular issue affects people. However, existing inequality as well as gender norms and stereotypes can mean policy changes which may appear gender neutral can have disproportionate or different impacts on people because of their gender.*<sup>63</sup>

---

<sup>49</sup> <https://www5.austlii.edu.au/au/journals/ANZLawHiste/Jl/2006/7.pdf>

<sup>50</sup> <https://www.dss.gov.au/our-responsibilities/families-and-children/programs-services/history-of-the-child-support-scheme>

<sup>51</sup> <https://www.wgea.gov.au/sites/default/files/documents/Women%27s%20economic%20security%20in%20retirement.pdf>

<sup>52</sup> <https://www.violenceorpoverty.com>

<sup>53</sup> [https://law.unimelb.edu.au/\\_data/assets/pdf\\_file/0004/1699006/37\\_3\\_7.pdf](https://law.unimelb.edu.au/_data/assets/pdf_file/0004/1699006/37_3_7.pdf)

<sup>54</sup> <http://www.auswhn.org.au/blog/marital-rape/>

<sup>55</sup> <https://academic.oup.com/book/26404/chapter-abstract/194774379?redirectedFrom=fulltext>

<sup>56</sup> <https://www.alrc.gov.au/publication/family-violence-a-national-legal-response-alrc-report-114/24-sexual-assault-and-family-violence-2/history-of-activism-and-legal-change/>

<sup>57</sup> <https://www.opalinstitute.org/rights.html>

<sup>58</sup> <https://theconversation.com/from-cauldrons-to-cardigans-the-lurking-prejudices-behind-the-name-granny-238200>

<sup>59</sup> <https://www.emboldenfestival.com/uploads/1/5/3/9/15399992/lifestages.pdf>

<sup>60</sup> <https://www.emboldenfestival.com/uploads/1/5/3/9/15399992/lifestages.pdf>

<sup>61</sup> <https://www.emboldenfestival.com/uploads/1/5/3/9/15399992/lifestages.pdf>

<sup>62</sup> <https://www.emboldenfestival.com/uploads/1/5/3/9/15399992/lifestages.pdf>

<sup>63</sup> [https://www.pmc.gov.au/sites/default/files/resource/download/aps-guide-gender-analysis-impact-assessment\\_0.pdf](https://www.pmc.gov.au/sites/default/files/resource/download/aps-guide-gender-analysis-impact-assessment_0.pdf)

Recognition of gender is also outlined by the World Health Organisation,<sup>64</sup> who call for gender specific approaches to preventing elder abuse (including sexual assault), noting that:

*A gender-specific approach includes recognition of and response to the different specific risks and vulnerabilities ... [across genders] in relation to abuse of older people and takes into account the interaction of gender with ageism in the context of abuse of older people. The approach includes recognition that gender norms, socialization, roles, differential power relations and differential access to and control over resources contribute to differences in vulnerability and susceptibility to abuse of older people and to how such abuse is experienced, how help is sought and how services are accessed.*

For older women, ageism and gender inequalities are bound together to create increased risk of sexual assault. Ageism increases with age, and so do the gender inequalities older women face.<sup>65</sup> But to date, gender specific approaches have not been applied to sexual assault prevention for older women. This omission contributes to the silencing of older women,<sup>66</sup> and this is a problem the #ReadyToListen project sought to address.

## The #ReadyToListen Project

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

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

The #ReadyToListen approach is about understanding the risk of sexual assault, knowing the indicators, believing those who disclose, acknowledging impacts, providing support and taking proactive steps to protect older people. 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.

<sup>64</sup> <https://iris.who.int/bitstream/handle/10665/356151/9789240052550-eng.pdf?sequence=1>

<sup>65</sup> <https://www.emboldenfestival.com/uploads/1/5/3/9/15399992/lifestages.pdf>

<sup>66</sup> <https://assets.ourwatch.org.au/assets/Key-frameworks/Preventing-Intimate-Partner-Violence-Older-Women-AA.pdf>

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 an audit tool.

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

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.

Resources were developed to explore each of the MAP elements and to apply the MAP to groups of older people who are particularly vulnerable to sexual assault. This included recognition of older women’s vulnerability and the development of a MAP applying the elements to prevention for older women.

### **Developing the Older Women’s MAP**

The Older Women’s MAP drew on the expertise of a Project Advisory Group of seven older women, recruited through the Older Women’s Network. The women met online to identify sources of data for the MAP, provide input into data collection and analysis and review MAP drafts. Data gathered to inform the MAP included a brief review of the published literature, a workshop, survey of older women and interviews.

#### Workshop

Ten older women attended a workshop hosted by the Older Women’s Network of NSW. Participants were provided with an information sheet and signed a consent form before attending. The workshop focused on discussing the application of the #ReadyToListen MAP elements to the lives of older women.

The workshop was attended by writer and educator Jess Hill,<sup>67</sup> whose work on gendered violence in Australia is significant. Jess wanted to learn about the experience of gendered violence from older women; and was part of a Rapid Review Panel<sup>68</sup> recognising older women as a priority group for prevention of violence<sup>69</sup> - a significant milestone in the [un]silencing of older women.<sup>70</sup>

#### Survey

A confidential, online survey was distributed to older women nationally by the Older Women’s Network NSW. Survey participants were invited to share their views on

---

<sup>67</sup> <https://www.jesshill.com.au/>

<sup>68</sup> <https://www.pmc.gov.au/office-women/womens-safety/rapid-review-prevention-approaches>

<sup>69</sup> <https://www.pmc.gov.au/resources/unlocking-the-prevention-potential>

<sup>70</sup> <https://www.emboldenfestival.com/uploads/1/5/3/9/15399992/lifestages.pdf>

sexual assault in residential aged care, and service provider responses. The survey was completed by 224 women, three trans and gender diverse people and one male. The average age of survey participants was 68 years.

A particularly powerful feature of the survey was that most participants shared their concerns about sexual assault of older women and thanked the team for the project. Comments included the following:

- *It's so sad that women at any period in their life, but particularly in their older age, are subject to this lack of respect and dignity* (survey participant, #112)
- *I am appalled that this is such an issue in aged care, I will seriously rethink my options at going into aged care when the time comes. I will be asking the centre for their history of assaults and how they dealt with them* (survey participant, #217)
- *I have no confidence that this work will be successful. I would rather take my life than go into residential aged care* (survey participant, #218)
- *Please do what you can. This breaks my heart. We need advocates for those who cannot defend themselves. Bless all those who do this important work* (survey participant, #58)
- *Please move forward with haste* (survey participant, #167)
- *Excellent work. Please keep the attention focused on the most vulnerable in our communities and advocate that we be nurtured, cared for and treated respectfully. We all want to be listened to, have our views taken into account, continue making a contribution to our families and communities and enjoying every minute of the autumn years of our lives. Thanks so much for all your hard work.* (survey participant, #211)

The level of concern expressed by survey participants is unprecedented in our experience – and reflects the concerns of older women that more needs to be done to prevent the sexual assault of older women.

### Interviews

Seven older women from four states participated in interviews documenting their perspectives on sexual rights, the treatment of older women and responses to the sexual assault of older women. Participants were also invited to share an image representing the sexual assault of older women. Information sheets were provided to all participants, and a consent form was signed before interviews. Interviews were transcribed and emailed to older women for deidentification and verification.

The workshop, interviews and survey provided an important opportunity to learn from older women and shape the Older Women's MAP in response to their experiences, needs and expertise. Insights from the data collection are shared throughout this resource and older women's stories are presented at the end of the document.

### **About Older Women's MAP**

The Older Women's MAP draws on insights from older women who participated in the project survey, workshop and interviews. It focuses specifically on older women and should be read alongside The #ReadyToListen MAP on the OPAN website.

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

## MAP Elements

### Element 1: Understanding sexual assault definitions and prevalence

#### Element summary - with a gender lens

Education and resources are provided to ensure staff understand the definition of sexual assault, the language older women use to describe sexual assault, and the sexual assault prevalence for older women.

#### Important information

##### Sexual assault definition

- In its simplest form, sexual assault involves sexual touching or sexual conduct without consent<sup>71</sup>
- Older women may not relate to the term 'sexual assault', given the historical repression of their sexual rights, including marital rape immunity laws (see also Element 2)
- Several workshop participants noted that '*some older women would rather die than acknowledge or disclose they have been sexually assaulted*'. This feedback raises considerations for staff, including the following
  - in conversations with older women about sexual assault, the language used needs to be carefully considered to encourage disclosure
  - an older woman who doesn't relate to the term 'sexual assault' must still be protected from sexual assault
  - an older woman who doesn't relate to the term 'sexual assault' is still adversely impacted by sexual assault
- Low rates of sexual assault reporting in surveys or elder abuse service data are often interpreted as an indication of low prevalence – it would be more useful to reflect on the language used as a barrier to disclosure by older women.

##### Prevalence

- The Aged Care Royal Commission<sup>72</sup> estimated there are around 50 sexual assaults in residential aged care each week
- Data on sexual assault in residential aged care is published in the Aged Care Sector Performance Reports,<sup>73</sup> with 597 sexual assaults reported for the April-June 2025 period<sup>74</sup>
- Most victim/survivors of sexual assault in residential aged care are older women with high degrees of frailty, particularly dementia<sup>75</sup>
- Older Trans and Gender Diverse (TGD) women may be sexually assaulted in residential aged care,<sup>76</sup> and experience a lifetime of sexual assaults motivated by transphobia<sup>77</sup>
- Rates of sexual assault are four times higher for TGD people<sup>78</sup>

<sup>71</sup><https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

<sup>72</sup><https://www.royalcommission.gov.au/aged-care>

<sup>73</sup><https://www.agedcarequality.gov.au/news-publications/reports/sector-performance>

<sup>74</sup><https://www.agedcarequality.gov.au/sites/default/files/media/sector-performance-report-for-quarter-4-april-june-2025.pdf>

<sup>75</sup><https://pubmed.ncbi.nlm.nih.gov/28402419/>

<sup>76</sup>[https://www.opalinstitute.org/uploads/1/5/3/9/15399992/my\\_story\\_my\\_people.pdf](https://www.opalinstitute.org/uploads/1/5/3/9/15399992/my_story_my_people.pdf)

<sup>77</sup><https://www.opalinstitute.org/uploads/1/5/3/9/15399992/cookdaniels.pdf>

<sup>78</sup>[https://www.kirby.unsw.edu.au/sites/default/files/documents/ATGD-Sexual-Health-Survey-Report\\_2018.pdf](https://www.kirby.unsw.edu.au/sites/default/files/documents/ATGD-Sexual-Health-Survey-Report_2018.pdf)

- Barriers to understanding the prevalence of sexual assault in residential aged care include:
  - the ageist/sexist myth that older women are not sexually attractive and therefore immune from sexual assault – this results in sexual assault disclosures being discredited and shut down
  - the ageist/sexist myth that sexual assault is not harmful for older women, or is not a ‘real’ sexual assault, and therefore disclosures are not responded to as sexual assault
  - the historical gender inequalities experienced by older women that result in contemporary disempowerment and reluctance to report assault
  - predators targeting older women who are unable to communicate, or won’t be believed if they disclose sexual assault
  - the myth that all sexual assault reports reflect ‘overreporting’
  - confusion about what is and is not sexual assault
  - limited understanding of what sexual consent is
  - defensiveness on the part of some service providers
  - reliance of the victim/survivor on the perpetrator.
  
- The vulnerability for older women who are reliant on a staff member was raised by several older women, for example

*The cost of reporting is very high. What if the carer who she is reliant on is sexually assaulting her? That’s a horrible situation for her to be in. She is crying and tearing her hair out. ... The cost of reporting is very high, and that’s not a coincidence. It maintains male privilege. Women are still being silenced. (Patricia, interviewee)*

*Possibly older women have adopted survival strategies and do not complain or express feelings, emotions and verbal signals to staff because they are afraid and vulnerable. (workshop participant)*

- It is important that these barriers to reporting are understood in consideration of data on the prevalence of sexual assault of older women.

## Element 2: Clarifying sexual rights and consent

### Element summary – with a gender lens

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

### Important information

#### Gender inequalities

- Historical gender inequalities provide an important context for understanding the historical repression of older women's sexual rights – which have a contemporary legacy in the ways older women view their rights, particularly their sexual rights
- The historical gender inequalities were highlighted in an interview with Kiran, who reflected:

*We are conditioned to be compliant with our social and cultural expectations. So, it's up to me as a woman to make my marriage work in spite of the fact that I might be married to an absolute dickhead. Men never get the blame for breaking up a marriage. He can have the affair, but it's the wife's fault he has an affair. Maybe she wasn't giving him enough sex. Maybe she should have had a son. Maybe she should have cooked better. If you'd have been a good girl. No matter how consciously or cognitively you push it back ... it pops up in those dark moments. (Kiran, interviewee)*

- It's important to consider the influence of this silencing of older women – on their responses to sexual assault. Some older women may blame themselves or be reluctant to report sexual assault.

#### Historical sexual rights

- In interviews, surveys and the workshop facilitated for the Older Women's MAP, older women outlined the influence of the historical repression of their sexual rights as context for understanding their current views on sexual rights:

*I was born in the 1950s in a large country town. No one spoke about sexual rights. The expectation was that you were men's property and then you got married. It was a man's world, and men were allowed to do whatever they wanted to. I remember early on thinking men had all the power. (Melanie, interviewee)*

*A lot of the things that happened were something that today you could take a man to court for, but you couldn't then. Men had the right to do that. They thought they had the right. They felt entitled. It was just the normal way of thinking. In their subconscious they had a sense of entitlement. They were living like they were entitled. I think marital rape immunity made them feel more entitled. (Patricia, interviewee)*

- Some older women still do not understand they have sexual rights – this may contribute to their vulnerability to sexual assault.

### Reforms to Marital Rape Immunity Law

- Prior to the 1980s in Australia, it was generally not possible for a man to be charged with raping his wife because of the historical notion that a woman was her husband's property after marriage, and that through marriage a wife consented, on a continuing basis – and without retraction - to sex with their spouse<sup>79</sup>
- In 2006, 81 year old Glyn Scott<sup>80</sup> made a report to South Australian police, outlining the family violence and sexual assault perpetrated by her ex-husband. Police were unable to prosecute, due to Marital Rape Immunity Laws. Six years later the case was heard in the High Court, resulting in laws being overturned.<sup>81</sup> Glyn's story highlights the barriers for older women who have been sexually assaulted
- Older women noted that while Marital Rape Immunity Laws have changed, these laws have a contemporary legacy:
  - *The law has changed for men and women, but some of their attitudes haven't changed. Older men in residential aged care thinking 'that's the way it is'. That they can still do whatever they want with a woman. (Patricia, interviewee)*
  - *There has been a lot on sexual consent in the media, but I reckon there are a lot of older women who have internalised that they don't have sexual rights; and think that this is just the way it is. If someone has lived most of their life with marital rape, it goes in your head that this is how it is and even though the law has changed it would take something big to make that mind-set go away in the men and in the women as well. (Patricia, interviewee)*
- An understanding of the legacies of Marital Rape Immunity Laws are important context for understanding older people's responses to contemporary sexual consent laws (see below).

### Sexual consent

- The Aged Care Quality and Safety Commission clarify that sexual consent must be provided for every sexual activity, every time<sup>82</sup>
- Sexual consent laws in most Australian states and territories have moved to affirmative consent
- Affirmative consent is a communicative model of intimacy to give better effect to the values of mutuality, respect, autonomy and dignity<sup>83</sup>

<sup>79</sup> <https://www.alrc.gov.au/publication/family-violence-a-national-legal-response-alrc-report-114/24-sexual-assault-and-family-violence-2/history-of-activism-and-legal-change/>

<sup>80</sup> <https://glynscott.com.au/>

<sup>81</sup> <https://www.adelaidenow.com.au/news/south-australia/naked-bloody-and-raped-but-police-couldnt-do-anything-glyn-scotts-courage-standing-up-to-her-abuser-changed-australian-history/news-story/b5a94bc24e27e8b815a4ab9eeff3b7c3>

<sup>82</sup> <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

<sup>83</sup> <https://www.austlii.edu.au/au/journals/SydlawRw/2023/20.pdf>

- Affirmative consent makes it clear that a person does not consent to sexual activity unless they said or did something to communicate consent.<sup>84</sup> The objectives of affirmative consent in residential aged care are to recognise that every older woman 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 woman 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
- The absence of distress is not sexual consent
- The signs of distress in women living with dementia may be missed,<sup>85</sup> attributed to their dementia, or a deterioration in their health
- Sexual consent requires free agreement<sup>86</sup> to sexual activity and an older woman cannot be said to freely agree if they:
  - are fearful
  - are being manipulated
  - are experiencing undue influence
  - are being threatened
  - have mistaken the identity of the person or the nature of the sexual act
  - are incapable of consenting
  - wrongly believe the act is for medical/care purposes
  - were under the authority or trust of the alleged offender.

### Sexual expression

- Prevention of sexual assault requires recognition of older people as sexual beings, with sexual rights and responsibilities
- Aged care providers and aged care workers are required to recognise sexual rights and respect the autonomy of older people, including their right to intimacy and sexual and gender expression (see Aged Care Standards, Action 1.1.3)<sup>87</sup>
- Older people living in residential aged care have the right to maintain relationships of choice, free from judgement, including intimate relationships, and engage in sexual activity (see Aged Care Standards, Action 7.1.6)<sup>88</sup>

### Culturally diverse women

- The influence of older women's culture on sexual consent needs to be considered, as Kiran notes:

*As a multicultural, coloured woman I want to say that older women from multicultural communities may have a different set of values related to sexual activity. We were not encouraged to have all this great liberty about sex when I was growing up. Most of us probably don't want fleeting affairs, and we want proper sexual consent. Staff need to keep that in mind when they are thinking sex [is] okay. (Kiran, interviewee)*

<sup>84</sup> <https://www.mondaq.com/australia/crime/1136522/affirmative-sexual-consent-laws-passed-in-new-south-wales>

<sup>85</sup> <https://www.opalinstitute.org/uploads/1/5/3/9/15399992/researchreport.pdf>

<sup>86</sup> <https://www.abs.gov.au/ausstats/abs@.nsf/lookup/by%20subject/4510.0~2014~main%20features~sexual%20assault~10>

<sup>87</sup> <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

<sup>88</sup> <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

- Culture is one factor influencing each older woman's individual choices about sexual activity and their preparedness to talk about sexual assault.

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

#### Element summary – with a gender lens

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

#### Important information

##### Challenges to assessment

- Identifying that a sexual assault has occurred may be complex, particularly if the victim/survivor has cognitive impairment or difficulty communicating
- Perpetrators may cover up any signs of trauma to hide the sexual assault
- Older women may be reluctant to report, as Patricia notes,

*Older women have to be directly approached [and asked about sexual assault] because they are not going to just come out with it and say that they were sexually assaulted. They will be weighing it up. What will happen to me if I report? Then there is the shame of talking about it. A lot of older women won't feel comfortable talking about sexual assault, so staff would have to open up the conversations. (Patricia, interviewee)*

##### Physical indicators

- The physical indicators of sexual assault can include bruises, pain, skin tears, bleeding, redness, swelling and fractures,<sup>89</sup> but these are not always present.

##### Behavioural and psychological indicators

- Behavioural or psychological indicators of sexual assault are more likely than physical indicators<sup>90</sup> and can include depression, anxiety, post-traumatic stress, social or emotional withdrawal, crying, sweating, trembling, distress, agitation, anger, violence, absconding, seeking comfort and security, being fearful of others, sleep disturbances, refusing to go to bed, going to bed fully clothed, refusing personal care or requesting a door lock.<sup>91</sup>

##### Victim/survivors living with dementia

- Victim/survivors with dementia experience trauma; the suggestion that victim/survivors 'won't be distressed or won't remember' is not an acceptable justification for sexual assault, nor for inaction to prevent sexual assault
- Sexual assault is no less serious because the victim/survivor has dementia<sup>92</sup>
- People living with dementia may present behaviour cues of distress following sexual assault rather than verbal disclosures, and these include<sup>93</sup> indirect

<sup>89</sup> <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

<sup>90</sup> <https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

<sup>91</sup> <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

<sup>92</sup> <https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

<sup>93</sup> [ibid](#)

statements about sexual assault, agitation, restlessness, being distraught, yelling, pacing, withdrawal, depression, or changes in appetite, sleeping patterns or mood.

## Element 4: Identifying the impacts of sexual assault

### Element summary – with a gender lens

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

### Important information

#### Psychological impacts

- Sexual assault disempowers and dehumanises older women<sup>94</sup>
- Older women victim/survivors can experience protracted PTSD<sup>95</sup>
- Fear of perpetrator reoffending may cause older women distress, insomnia and general failure to thrive<sup>96</sup>
- Older women with cognitive impairment such as dementia may have delays in processing and impaired communication which potentially compounds the trauma of sexual assault.<sup>97</sup>

#### Physical impacts

- Older women who are sexually assaulted have high rates of mortality, physical injury and delirium<sup>98</sup>
- Physical injuries include long term health conditions, exacerbation of existing injuries or conditions,<sup>99</sup> and higher rates of genital trauma, aches and pains, cuts and bruises, and sexually transmitted diseases - compared to younger women.<sup>100</sup>

#### The myth of 'no impact'

- Despite the evidence listed above, there is a myth that sexual assault is less harmful for older women in residential aged care. One study found in 58% of incidents, staff reported there was no harm from an alleged sexual assault<sup>101</sup>
- The myth of 'no harm' is fed by a false understanding that sexual assault is less harmful for older women, compared with younger women
- The myth of 'no harm' is also fuelled by the false belief that victim/survivors living with dementia forget the sexual assault – and therefore the trauma. It is important to clarify that not being able to communicate does not mean sexual assault has no impact
- For women living with dementia, the emotional memory of events such as sexual assaults can cause ongoing trauma<sup>102</sup>

---

<sup>94</sup> Laura Tarzia: See opalinstitute.org/map for seminar on impacts

<sup>95</sup> <https://www.oip.gov/pdf/files/1/nij/grants/216550.pdf>

<sup>96</sup> opalinstitute.org/margarita

<sup>97</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>98</sup> <https://www.oip.gov/pdf/files/1/nij/grants/216550.pdf>

<sup>99</sup> <https://link.springer.com/book/10.1007/978-3-030-16601-4>

<sup>100</sup> Ibid.

<sup>101</sup> <https://www.health.gov.au/resources/publications/prevalence-study-for-a-serious-incident-response-scheme-sirs>

<sup>102</sup> <https://opan.org.au/ready-to-listen/#reducing-vulnerability>

- Older women do not stop being harmed by sexual assault because they are old or have dementia
- Sexual assault trauma is not dependent on the 'degree' of sexual assault<sup>103</sup>
- Survey participants were asked why they thought some staff believe there is no harm to older women who are sexually assaulted. The following quotes summarise their responses,
  - *They [staff] believe the (women!) are old, maybe with dementia, maybe have speech or hearing problems and so are unable or unsupported to speak out or to share how they feel*
  - *They don't see older women as fully human*
  - *They think old women don't deserve safety, respect & quality care*
  - *Because we are too old*
  - *They are ignorant and [have] little concern about the safety of women residents*
  - *They are so dismissive of older women - and especially those with dementia = sexism + ageism, AND because the victims have NO VOICE*
  - *I can only assume [its] ignorance, misogyny and ageism*
  - *Because the views and feelings of older people, particularly older women, those with physical, emotional and cognitive disabilities are not listened to. We are invisible and seen as being of no value*
  - *They lack empathy.*
- A recurrent theme across older women's responses was gendered ageism, or the view that older women are less than human and of less value to society because of the gender and age
- Several survey participants also suggested the minimising of harm inflicted by sexual assault is a defensive response from service providers, as Theresa outlined,

*...some service providers [who] think there is no harm to older women who are sexually assaulted ... are protecting their psyche from the difficulty of knowing that they did not stop it from happening. The sometimes-stated belief that an older victim of assault is not affected if she has dementia is cruel and ridiculous. We know that when people living with dementia experience trauma their behaviour is impacted. They don't go on happily in a content way. They get agitated. That should be extremely well known, so I don't know how anyone can say there is no impact on older women who are sexually assaulted. (Theresa, interviewee)*

- Aged care service providers who think sexual assault is harmless are unlikely to prioritise support for older women or prevention. Consequently, recognising the impacts of sexual assault on older women is a critical step in improved responses and prevention.

---

<sup>103</sup> Laura Tarzia: See [opalinstitute.org/map](http://opalinstitute.org/map) for seminar on impacts

## Element 5: Complying with reporting requirements

### Element summary – with a gender lens

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

### Important information

#### Barriers to police reporting

- Older women may prefer to be interviewed by a female police officer
- Many of the barriers to reporting (and disclosure) are outlined in Element 1
- Workshop participants discussed concerns about older women's reliance on staff who perpetrate sexual assault. One participant, who lived in residential aged care, explained the barriers to reporting as follows,

*I witnessed [a sexual assault and] was advised that I should report it to police. There are a number of reasons why I was initially reluctant to do so. One was that the person who was abusing the older woman was her carer. I was worried that there would be some sort of backlash on her; that when the police turned up, they might think that she had called them and the carer might be more aggressive towards her.*

*My other concern was that this is a place that I live in, so it might be obvious that I had reported this incident and that there would be a backlash on me, as there has been in the past. So initially, I didn't go to the police, but then the people I spoke to at the Helpline said I should advise management about what had happened because the carer might have already have a history of abuse and so this could get added to his record, so it's noted that this has happened.*

*[What also helped me to decide to report was that this] woman is in a situation where she needs more care than what she is receiving, she has dementia, this is not an appropriate place for her. So, for all of those reasons I reported the assault to the police.*

*If you're relying on someone else for your food, for your shelter, it's a big ask sometimes to confront them with anything that might endanger your food, or your shelter. (Workshop participant)*

- Older women living in residential aged care have the right to be protected if they report sexual assault. This includes protection from retaliation, immunity from consequences of disclosure, anonymity and confidentiality.<sup>104</sup>
- Older women may also be reluctant to disclosure sexual assault by an intimate partner or other family member because they feel shame, or to protect the family member
- It is important that staff understand these and other barriers to reporting for older women.

<sup>104</sup> <https://www.agedcarequality.gov.au/sites/default/files/media/managing-whistleblowers-disclosures-policy.pdf>

## Reporting requirements

- All aged care services must have an effective incident management system in place and responding to sexual assault disclosures should be included within this
- All sexual assault disclosures must be reported through SIRS<sup>105</sup> as a Priority 1 incident (within 24 hours), whether or not staff believe a sexual assault occurred and whether or not there is 'evidence'
- The Serious Incident Response Scheme Guidelines for Residential Aged Care Providers, 2022<sup>106</sup> clarifies police reporting requirements, as follows:
  - *Incidents that are unlawful or considered to be of a criminal nature (for example sexual assault), must also be reported to police within 24 hours of becoming aware of the incident (p.27)*
  - *Reporting to the police in relation to criminal conduct should occur regardless of whether the incident is alleged or suspected to have occurred (p.55)*
  - *[Aged care services'] responsibility to report an incident to the police applies regardless of whether the [older person] and/or their representative or family seek to have the incident reported. (p.55)*

## Police responses

- The police have a role to play in providing safety to older women in residential aged care, including assisting the legal process to hold perpetrators to account, keeping records of allegations and any evidence – whether or not a perpetrator is charged or convicted
- Older women participating in the workshop raised concerns about police responses to reports of sexual assault of older women,

*If the police can't even get domestic violence right, how can they get sexual assault perpetrated in aged care right? It's a complete nightmare! We have seen reports where police have not believed what's happening in - that an older woman could be sexually assaulted. (workshop participant)*

- Police who have not had education on sexual assault of older women living in residential aged care - may dismiss sexual assault reports, particularly by older women living with dementia.<sup>107</sup>

<sup>105</sup> <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

<sup>106</sup> <https://www.agedcarequality.gov.au/sites/default/files/media/SIRS-guidelines-for-residential-aged-care-providers.pdf>

<sup>107</sup> <https://opan.org.au/ready-to-listen/#reducing-vulnerability>

## Element 6: Providing immediate safety and support

### Element summary – with a gender lens

A safety plan is developed for older women who are victim/survivors of sexual assault, evaluated in consultation with the victim/survivor and includes access to sexual assault and advocacy services.

### Important information

- It is important to start by believing<sup>108</sup> older women when sexual assault is disclosed
- Older women who are not supported after sexual assault are more likely to have mental health issues and difficulty healing from the trauma<sup>109</sup>
- Too often older women are not offered access to sexual assault and trauma services by staff who believe sexual assault is not harmful
- Older women can benefit significantly from accessing sexual assault and other trauma services
- The provision of support and advocacy to older women is not contingent on ‘proof’ of sexual assault – if an older woman discloses sexual assault, she has the right to access sexual assault services and an advocate
- For older women with limited mobility, sexual assault counselling may be able to be provided over the phone or in the aged care home
- It may be useful to offer older women the opportunity to have counselling with a family member or support person present
- Older women who cannot communicate still benefit from reassurances about their safety, following sexual assault
- Offering older women access to an OPAN advocate<sup>110</sup> can help to ensure they are supported and safe following sexual assault
- Safety plans promote the safety of the victim/survivor,<sup>111</sup> and can help older women to feel safe, as well as ensuring they are safe
- Local sexual assault services can be identified by calling
  - 1800Respect or go to their website: <https://1800respect.org.au/>
  - Full Stop Australia or go to their website: <https://fullstop.org.au/>.

---

<sup>108</sup> <https://www.startbybelieving.org/>

<sup>109</sup> <https://www.anrows.org.au/publication/womens-input-into-a-trauma-informed-systems-model-of-care-in-health-settings-the-with-study-final-report/>

<sup>110</sup> <https://opan.org.au>

<sup>111</sup> <https://www.1800respect.org.au/help-and-support/safety-planning>

## Element 7: Practicing Open Disclosure

### Element summary – with a gender lens

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

### Important information

The Aged Care Quality and Safety Commission outlines the importance of Open Disclosure to effective incident management systems, focusing on identifying what happened, how and why it happened, and what can be done to prevent the incident reoccurring.<sup>112</sup>

A Ready to Listen Framework for Open Disclosure<sup>113</sup> has been developed and this section outlines the application of the six components of The Framework to experiences and needs of older women living in residential aged care.

#### Component 1: Identify and report when sexual assault occurs

- Staff need to understand
  - the definition of sexual assault, and what this term means to older women (see Element 1)
  - the indicators of sexual assault, particularly in older women living with dementia, who are at increased risk of sexual assault (see Element 9)
  - their reporting requirements to their team leaders, SIRS and police
- Responses to disclosure of sexual assault by older women need to start by believing older women.<sup>114</sup>

#### Component 2: Address immediate needs and provide safety

- Older women who disclose sexual assault have the right to information about sexual assault and advocacy services (see Element 6)
- The development of a safety plan is an important tool in planning to ensure older women are safe from further sexual assault – and feel safe.

#### Component 3: Provide an apology

- Open disclosure is about communicating in ways that acknowledge what the older woman has experienced – in ways that promote safety. It's not about a legal process or services admitting fault<sup>115</sup>
- Providing an apology in writing can assist in emphasising the regret the service has
- It is important to avoid defensive responses such as downplaying what occurred, providing excuses or normalising sexual assault
- An apology should be provided immediately and should not be contingent on an internal or police investigation

---

<sup>112</sup> <https://www.agedcarequality.gov.au/resources/effective-incident-management-systems-best-practice-guidance>

<sup>113</sup> <https://opan.org.au/ready-to-listen/#open-disclosure>

<sup>114</sup> <https://www.startbybelieving.org/>

<sup>115</sup> <https://www.agedcarequality.gov.au/resources/open-disclosure>

- It is important to understand the role of the apology on the healing and recovery of the older woman, particularly those who feel shame or believe that in some way they contributed to the sexual assault.

#### Component 4: Find out and explain what happened

- The Aged Care Quality and Safety Commission notes an important step in an incident management system cycle, or analysing and investigating incidents, is root cause analysis<sup>116</sup> or
  - Defining the problem
  - Determining the root cause
  - Developing possible solutions
  - Selecting and implementing a solution
  - Evaluating the outcome
- Listening to older women who are able to communicate verbally is an important strategy for understanding what occurred and how it could be prevented
- Taking action to find out and explain to older women what happened is important for the victim/survivors, as well as other older women living in the aged care home who feel unsafe.

#### Component 5: Support staff

- Compassionate staff may be distressed to learn an older woman they are caring for has been sexually assaulted
- Supporting staff following disclosure of sexual assault is important to ensure workers are supported; it also models the valuing and respect staff are being asked to provide older women
- It may be particularly distressing for female staff to learn an older woman has been sexually assaulted – given the high rates of sexual assault for women in Australia.<sup>117</sup>

#### Component 6: Reduce risk of sexual assault

- Reducing the risk of sexual assault for older women involves responding when sexual assault is disclosed, and proactive education of staff
- One powerful strategy to help prevent sexual assault is to talk about it, this builds staff awareness and capacity to prevent sexual assault
- Strategies for prevention need to take into account the vulnerability of older women to sexual assault – and take a gender lens to prevention.

<sup>116</sup> <https://www.agedcarequality.gov.au/for-providers/serious-incident-response-scheme/incident-management-systems/analysing-incidents>

<sup>117</sup> <https://www.aihw.gov.au/reports/family-domestic-and-sexual-violence/sexual-assault-in-australia/contents/summary>

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

### Element summary – with a gender lens

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

### Important information

This section outlines the importance of trauma informed aged care, safe spaces, autonomy, shared humanity and strategies to build trauma informed services every day and following sexual assault disclosure.

### Why trauma informed aged care matters

- Trauma is an event or events (such as sexual assault) that create a physical, emotional and psychological response to the threat and harm.<sup>118</sup> Older women who are sexually assaulted experience trauma
- Trauma-informed practice can assist victims/survivors who are sexually assaulted in residential aged care and those sexually assaulted prior to their admission
- Trauma-informed services support victims/survivors to recover from sexual assault by understanding the impacts of sexual assault on their lives and by ensuring they are believed and heard<sup>119, 120, 121</sup>
- Trauma-informed services acknowledge the experiences of service providers<sup>122</sup>
- Trauma-informed residential aged care services promote dignity, respect and listening to older women and staff - every day
- The globally recognised principles of trauma informed services are safety, choices, collaboration, trustworthiness and empowerment.<sup>123</sup> These principles inform the #ReadyToListen Framework for Trauma Informed Services.<sup>124</sup>

### Safety for older women

- Safety is a principle of trauma informed services and safe spaces for older women in residential aged care was raised by older women participating in the project interviews, surveys and the workshop
- Older women clarified the importance of being safe – and feeling safe
- Safety plans (see Element 6) are an invaluable tool for promoting the safety of older women who have been sexually assaulted and those who feel unsafe
- Older women's historical experiences of being or feeling unsafe exacerbate their safety fears about protection in residential aged care. This was highlighted in Bee's interview, where she reflected on her experience of homelessness and the persistent fears that she may not be safe,

*I would not want a male to touch me unless he's a doctor. I do not want male staff to come in and shower me. No way. When they see a woman who is vulnerable, who cannot protect herself, it's an easy take*

<sup>118</sup> <https://blueknot.org.au/resources/understanding-trauma-and-abuse/>

<sup>119</sup> <https://www.anrows.org.au/publication/implementing-trauma-informed-systems-of-care-in-health-settings-the-with-study-state-of-knowledge-paper/>

<sup>120</sup> [https://www.childabuseroyalcommission.gov.au/sites/default/files/file-list/Research%20Report%20-%20Principles%20of%20trauma-](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)

<sup>121</sup> <https://www.anrows.org.au/publication/womens-input-into-a-trauma-informed-systems-model-of-care-in-health-settings-the-with-study-final-report/>

<sup>122</sup> <https://www.rape-dvservices.org.au/resources-for-psychologists-and-counsellors/about-vicarious-trauma>

<sup>123</sup> <https://blueknot.org.au/resources/blue-knot-fact-sheets/talking-about-trauma/applying-trauma-informed-principles-to-conversations-about-trauma/>

<sup>124</sup> <https://opan.org.au/ready-to-listen/#trauma-informed-care>

*for them. When I was homeless, I felt so lonely. I was living in my car. I'm 67 and very fortunate because I am now in social housing. It's all women here so I feel safe. I am very comfortable; I feel I can live a normal life being myself without any fear of being attacked. It's peace of mind. It's healing, it's being able to progress. When I close the door behind me, it's my safe space. It's somewhere I can have my own things. I'm alone here, this is my space; this is my comfort zone. (Bee, interviewee)*

- Older women's historical experiences can shape their perceptions of safety and need to be understood to help ensure they feel safe.

### Choices for older women

- Choices are a principle of trauma informed services and were raised by older women participating in interviews, surveys and the workshop. A common perception was that older women are viewed as less than human, stupid and incapable of making good decisions. As one workshop participant described,

*Older women's agency is not respected, there is no belief that an older woman has the right to her own opinion, her own thoughts, her own feelings and, and her own emotions. And so, there is a belief if you make a complaint, that complaint should not be listened to, not investigated, just written off as the ravings of a silly old woman. (workshop participant)*

- Promoting older women's autonomy, or choices and control, is an important component of recovery following sexual assault.<sup>125</sup>

### Shared humanity

- Building a trauma informed culture to help prevent sexual assault of older women and improve responses when sexual assault is disclosed requires recognition of the shared humanity of older women – and staff
- Concerns about the lack of recognition of older women's humanity were raised by older women survey participants, for example

*[older women] are dehumanised [and] staff have been conditioned to view the aged in their care as not fully human*

*[staff} think there is no impact from sexual assault] because they think people who have dementia are less human and maybe they just don't want to know because then they would need to take responsibility for prevention and care for victims.*

- The origins of some staff's indifference to older women's trauma were discussed in the workshop and described by survey participants, with several older women articulating their concerns, as follows:

---

<sup>125</sup> <https://noviolence.org.au/wp-content/uploads/2020/05/Trauma-Practice-Paper-FINAL-002.pdf>

*There is no humanity for older women. Some service providers abdicate their responsibilities and treat older women as a thing, not a human being with feelings or the capability to be injured. (workshop participant)*

*Staff may have mentally dehumanised older women and not ascribe appropriate emotions – because that is preferable to facing the truth. The truth is it would be difficult to keep working in a place where sexual assault was happening – if you felt you were not able to do anything about it. (workshop participant)*

- Staff who feel powerless to prevent sexual assault may experience secondary or vicarious trauma. This was highlighted in a story shared<sup>126</sup> by a nurse working in residential aged care who reported the sexual assault of an older woman to her team leader, with little response. The nurse, Antonia, reflected

*I have to shut it down emotionally. I can't cope. I have done all I can. ... I don't think managers realise how much trauma they cause older people and staff by not doing anything or not doing enough.*

*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.*

*You are a nurse you have got to care for older people. 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 older people 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. (Antonia, aged care nurse)*

- Many staff are compassionate and want to prevent sexual assault of older women, but need to be supported by team leaders to do so
- Many staff have someone in their life who has experienced sexual assault; and the sexual assault of older people in their care may result in secondary trauma of these staff
- The valuing and respect for staff models or demonstrates the valuing and respect we are asking them to provide to older women who are vulnerable to or have experienced sexual assault. This was highlighted in the following interview,

*Staff are not valued or paid much, and the disregard our society has for them may flow into disregard for their patients. Maybe they justify*

---

<sup>126</sup> <https://opan.org.au/ready-to-listen/#trauma-informed-care>

*sexual assault of older women by saying the older woman's families don't care. For the person living with dementia in residential aged care, everything that gives them protection is stripped away. For the worker it as well. Neither are valued. (Not Venus, interviewee)*

- A trauma informed service that values staff – as well as older women, is well placed to prevent sexual assault.

#### Strategies to build trauma informed services - everyday

Trauma informed aged care is about service culture. Providing trauma informed services requires application of the principles of trauma informed aged care – everyday. The #ReadyToListen Trauma-Informed Framework<sup>127</sup> outlines five key strategies for building a trauma informed culture. This section applies the strategies to the experiences and needs of older women:

- Strategy 1: Leadership: leaders who espouse and demonstrate their commitment to trauma informed services are best placed to create culture change
- Strategy 2: Person-centred care: listening to older women, building trust, empowering decisions, and respecting privacy are all critical to person-centred care for older women who have been sexually assaulted
- Strategy 3: Staff support: supporting staff is important to model or demonstrate the expected responses to older women
- Strategy 4: Information provision: provide information to older women, their families and supporters and other older women living in the home about their choices
- Strategy 5: Education of staff: Providing mandatory education to all staff about sexual assault of older women and a trauma-informed culture is important.

#### Strategies to build trauma-informed services - following disclosure

The #ReadyToListen Trauma-Informed Framework<sup>128</sup> outlines four key strategies for responding when sexual assault has been disclosed. Their application to the experiences and needs of older women includes:

- Strategy 1: Supporting older women and their families
- Strategy 2: Supporting other older women living in the home
- Strategy 3: Supporting staff
- Strategy 4: Managing cognitive dissonance

The application of these principles for trauma-informed aged care services could promote valuing of staff and help to prevent sexual assault of older women.

---

<sup>127</sup> <https://opan.org.au/ready-to-listen/#trauma-informed-care>

<sup>128</sup> *ibid*

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

### Element summary – with a gender lens

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

### Important information

Most victim/survivors of sexual assault in residential aged care are older women with high degrees of frailty, particularly dementia.<sup>129</sup> The following section draws on insights from older women who participated in the survey, workshop or interviews. These women identified three factors contributing to the vulnerability of older women, historical gender inequalities, gendered ageism and the lack of education or information for service providers, older women and families.

### The legacies of historical gender inequality

- Older women noted the legacies of historical Marital Rape Immunity Laws have shaped society and older women in ways that contribute to the vulnerability of older women to sexual assault, as these women noted

*Marital rape immunity laws were ridiculous. They changed the law but that doesn't change people's minds. I still see the ownership of women by men. (Melanie, interviewee)*

*I imagine it would be very difficult for women [who are being sexually assault by husbands living with dementia] to talk about it. .... for many older women dealing with a partner with dementia, it is not so much loyalty, which is about emotional connection, as wifely duty, what you are trained to do as a wife - that motivates their care. Older women will look after a husband who is sexually assaulting her because that is her wifely duty, that is what she was brought up to be and do. (Not Venus, interviewee)*

- Older women also raised vulnerability related to the historical blaming of women for sexual assault, as the following comments from the workshop note:

*When I was 14 and I didn't even know what sex was, my father told me that rape was bullshit; because a girl could run faster with a skirt up than a man could put his pants down. That's terrible – and its hardwired in. (workshop participant)*

*We were taught sexual assault was always the woman's fault. They've attracted it, they've done something, what have THEY done to make this happen? Now that's really hardwired and embedded into a lot of older women. So, the trauma is double. First, they've had the attack. And then they're going through the thing is, well, what did I do wrong? Was it my fault? Did I do something to encourage that? (workshop participant)*

---

<sup>129</sup> <https://pubmed.ncbi.nlm.nih.gov/28402419/>

- Older women who blame themselves for being sexually assaulted are unlikely to report their sexual assault – contributing to the vulnerability to further sexual assault
- Understanding the historical experiences of older women provides important context for understanding the experiences and needs of older women, particularly their vulnerability to sexual assault.

### Gendered ageism

- Older women participating in interviews and the workshop identified that ageism contributes to the vulnerability of older women, by invisibilising older women and their experiences and needs – including their experiences of sexual assault
- Gendered ageism was also reported to be internalised by older women, resulting in disempowerment and vulnerability to sexual assault, as the following interviewees outlined,

*When you are no longer contributing productively and no longer independent, when you couple ageing with dependence, that's the challenge. Our individualist society celebrates people looking after themselves and being self-sufficient. As you lose that, and you rely on others, you can lose belief in yourself and lose who you were. (Not Venus, interviewee)*

*Older women are completely invisible. I remember when it first started happening to me. I thought, this is weird. Older women had told me it would come. Invisibly contributes to lower self-esteem. (Melanie, interviewee)*

- Gendered ageism and invisibility were reportedly heightened for older women of lower socioeconomic status. For example, Theresa noted,

*Women who have had a successful career are often able to maintain a presence that people respond to. What we put out matters. For other older women no one is clicking their heels and saluting you. You are not worthy of other peoples' time really. Low status older women are not perceived of interest or advantage for others, and so – 'why are you taking up space exactly?' You don't have rights just because you are alive. (Theresa, interviewee)*

- Older women identified the need to create a culture of respect so that older women were not seen as an easy target by sexual predators – and so that older women who reported feeling unsafe were heard and protected.

### Lack of Education

- The most commonly cited factor contributing to the vulnerability of older women to sexual assault, was the lack of education. There is an urgent need for service providers to be educated on all the aspects of the sexual assault of older women outlined in this MAP. The need for education was summarised by Theresa who said,

*Vulnerability happens on so many levels. Older women are vulnerable physically. Low status makes older women vulnerable. The stereotype of some stranger crashing through the window and leaping onto a bed with an older woman is not real. It is more likely to be the window cleaner or a service provider or a family member. The chances of anyone believing the older woman are Buckleys and none. There would be so much shame for the older woman. Older women usually wont report sexual assault because of the shame. It gets reported to the police if the door gets bashed in, but not if it is someone they have a trusted relationship with. There is so much shame. (Theresa, interviewee)*

- Education is needed to assist staff understand the vulnerability of older women and strategies to prevent sexual assault. Education and information are also needed for older women – to clarify their rights, provide information on support services and ensure older women understand that sexual assault is not their shame, not their fault.

## Element 10: Protection, prevention and service improvement

### Element summary – with a gender lens

The organisation has a sexual assault policy or guidelines and audits its service against the #ReadyToListen MAP Guidelines to identify and improve responses to sexual assault disclosure and prevention of sexual assault of older women.

### Important information

- Older women are at risk of sexual assault in every residential aged care home; and the risk increases significantly when there is no education or policy to guide staff on preventing sexual assault
- Every residential aged care home needs to identify the potential risk of sexual assault and take steps to protect older women
- Every aged care service is accountable for the delivery of safe care,<sup>130</sup> including ensuring older women are safe from sexual assault
- Preventing sexual assault is not about luck – it's about service improvement, education and strategies to promote sexual safety for older women
- Organisations are expected to have systems and processes that help them identify, assess, and remove risks,<sup>131</sup> including the risk of sexual assault of older women
- Aged care services need to have systems in place to manage risks such as sexual assault of older women, and have strategies in place to ensure risk reduction is effective
- The myth that sexual assault of older women does not happen - increases the risk of sexual assault
- Staff need to be educated on sexual assault prevention and responses. This education needs to include:
  - what the term 'sexual assault' means to older women
  - the vulnerabilities of older women
  - the impacts on older women
  - strategies to promote healing and recovery
  - strategies for prevention
- We presented older women survey participants with a hypothetical scenario of choosing between two like aged care homes – one home has a publicly available sexual assault policy and delivers mandatory staff training on sexual assault prevention. The other home has no policy or mandatory training. In responses, 99.5% of the 226 older women survey participants said they would choose the service with publicly available sexual assault policy and mandatory staff training. Older women want to know they will be safe in residential aged care.

<sup>130</sup> <https://www.legislation.gov.au/C2024A00104/latest/text>

<sup>131</sup> <https://www.agedcarequality.gov.au/strengthened-quality-standards>

## Stories from Older Women

### Peeling prawns, by Melanie



*Whenever I think about sexual assault I think about my mother and aunts, their hands in shreds as they peeled prawns and The Men sat around drinking beer. My cousin's husband sexually abused me since the age of 11. That taught me it was a man's world, and men were allowed to do whatever they wanted to. There was no way that I was going to turn around to my mum and the women she was shelling prawns with to tell them what was happening to me and what I needed.*

I love dancing and music and being out in the world. I love my dog. I have decided that my dog is less controlling than the rest of the world.

I was born in the 1950s in a large country town. No one spoke about sexual rights. The expectation was that you were men's property and then you got married. I couldn't see how there was anything in it for me. Marriage was all there was, in most people's minds and I thought I'm not going to do that. I didn't know what was going to happen next, but I knew I was not doing that.

I remember early on thinking men had all the power. I remember when my uncle and aunty and cousins came, we would go prawning. When we came home the women would sit around preparing the food, and the men would sit around drinking beer. I remember mother's hands were in shreds from the peeling of prawns. The women weren't doing this for themselves; it wasn't about the woman's pleasure. It was all about what the men wanted.

The women reminded me of servants. They were eating and doing everything around what The Men wanted. They called them The Men. Give The Men this or that. My parents had a good relationship and were together until my father died. But mum looked after him, it was about what he needed.

When I was growing up there was absolutely nothing about sexual consent. Whenever I think about sexual assault I think about my mother and aunties peeling prawns. My cousin's husband was 15 years older than me and sexually abused me since the age of 11. That taught me that it was a man's world and men were allowed to do whatever they wanted to. There was no way that I was going to turn around to my mum and the women she was shelling prawns and tell them what was happening and what I needed.

I often wonder did my mother and aunties know and not say anything. But no one said anything, so I asked myself is this what I am supposed to be doing? Were they complicit? A number of years later I had a cathartic moment when I was meditating. I started crying. Then I remembered the sexual abuse. I said nothing to my cousin and her husband, because they were real bullies.

Years later I went to the police and they were really, really good. They planned for me to be wired up and speak to my cousin about the sexual abuse. The police then transcribed it all and then went to visit my cousin, and he said to them: I've been waiting for you guys to turn up. He went to jail.

I don't want to be consumed by hatred or grief. You still have to see the good things. There were good things about him, even though he thought he could do anything he liked with young women.

I knew another young girl who he probably sexually assaulted as well. The police encouraged me to reach out to her when the case went to court. So, I rang her dad to tell him and ask for her contact details, he wouldn't let me talk to her. That's another way silencing. I'm glad I reported him to the police. We have to give stronger messages to people who abuse children.

Older women are completely invisible. I remember when it first started happening to me. I thought, this is weird. Older women had told me it would come. That's why it's fantastic going to events for older women – we are very visible to each other; no one looks through us. I am in a band with young and old and we are absolutely visible to each other. I love that about music. They don't give a shit how old you are. You are an important member. You can't be invisible, it's a band, we all contribute.

Invisibly contributes to lower self-esteem. I go to a community gym that has two locations. One is trendy and full of buffed young people. The other is for older people and they have strength for life classes, and everyone makes eye contact and there is real comradery. I feel like I have come home. It's phenomenal. It's phenomenally good. I want to hang around with people who are active and I want to be seen.

I don't know how older women cope when they are in relationship where there is sexual assault. There is no escape. There is no strength. It saps their strength. What would they draw on? A lot of the older women I dance with have a really positive experience outside the home; and that helps to give them strength. I can't image any of them putting up with sexual assault. They have links. They are seen. They are valued in a group outside of the home.

As I have gotten older, I know a lot of women that I mix with that are older than me - they have spent their life not talking about the abuse or mistreatment they have

experienced. More of them are coming out now and talking about that part that has been suppressed.

People who were abused as children are much more vulnerable if they haven't gone through redress. They haven't really learned to say 'no' in a positive way. One of my dad's best friends, I used to call him uncle, one day we were driving and he grabbed my hand and put it on his d\*ck while we were in the car with my dad and two of his friends. It was unbelievable. My guidance officer at high school sexually assaulted me as well.

There is nothing unusual about me. There are so many women, so many who have had these experiences and they are not prepared. There is a power imbalance.

Older women are very, very vulnerable. No one will ever sexually abuse my daughter because she knows she has rights. Marital rape immunity laws were ridiculous. They changed the law, but that doesn't change people's minds. I still see the ownership of women by men.

In residential aged care we need to rethink the way staff are recruited, trained and paid. We need to pay them properly. Staff have to be valued and trained properly. You can't just shove people together and expect them to do slave labour and expect them to behave. I am hopeful the current government will take steps to make change.

To help prevent sexual assault of older women in their own homes I think we need to look at mental health. We can't divorce sexual assault from the self-esteem of victims.

We have to have public campaigns to raise awareness that sexual assault of older women is not okay. Like the campaigns to stop people smoking or to make them wear seat belts in cars.

I still know older women who are not connected with their community. They don't go out and they don't do anything. I can see how it happens. It's a downward spiral. When you don't feel confidence or valued and someone is telling you that you are shit - your confidence drops. My self-esteem was so low. I didn't want to go out. I didn't know how to connect.

If you are in an abuse situation it's very difficult to get out and connected. I don't know how you make that first step. Maybe we need to let older women and their allies know that being connected matters. We need to understand how do we get people who are isolated and in family violence linked up to something that gives them a lifeline. If you have a link - that's the start to supporting them.

We need to shift community attitudes. There has been a lot of community awareness campaigns about family violence, but not about what older women experience. Some older women are in relationships with men who exercise so much control that it has diminished their life in a way that they are hardly living. This has repercussions for their children and children. I go back to the older women peeling the prawns.

## The cost, by Patricia



*The cost of reporting is very high. What if the carer who she is reliant on is sexually assaulting her? That's a horrible situation for her to be in. She is crying and tearing her hair out. What if it's a family member? She is thinking how sad this is, there is nothing she can do because she doesn't want to upset the rest of the family. Even if her family were to believe her, she doesn't want to rock the boat. The cost of reporting is very high, and that's not a coincidence. It maintains male privilege. Women are still being silenced.*

I was a wild child. I used to go out drinking on my own. I ran the gamut, forever dodging advances from men. I would go to parties and fall asleep and then wake up to find a man on top of me. There were more attempts at sexual assault than I can remember. It was just life. A lot were married, some young and some older men in the pubs. They were off the leash (as they would say), and they behaved badly. It was just something men did, and you just had to be street wise. I got good at being careful, but not perfect. I was never raped but came close. I had a really strong experience of what men were like. They were predatory. If they saw a young woman out on her own, she was fair game. I was taught nothing about sexual rights. Absolutely nothing.

A lot of the things that happened were something that today you could take a man to court for, but you couldn't then. Men had the right to do that. They thought they had the right. They felt entitled. It was just the normal way of thinking. In their subconscious they had a sense of entitlement. They were living like they were entitled. I think marital rape immunity made them feel more entitled.

There has been a lot on sexual consent in the media, but I reckon there are a lot of older women who have internalised that they don't have sexual rights; and think that this is just the way it is. If someone has lived most of their life with marital rape, it goes in your head that this is how it is and even though the law has changed it would take something big to make that mind-set go away in the men, and in the women as well.

There is not with a lot of respect for older women. When you think of the skills older women have used their whole lives; they are enormously skilled. But they don't get respect from that or from society in general. There is that whole thing about older

women becoming invisible because they are considered not of sexual interest to anyone, so they are invisible. Society doesn't respect them very much at all.

The law has changed for men and women, but some of their attitudes haven't changed. Older men in residential aged care thinking 'that's the way it is'. That they can still do whatever they want with a woman.

I don't know what you do about that. You could have cameras in all the rooms but then there is no privacy for the older woman. And then what if it's the older woman's own home? What could she do to protect herself?

The image I shared is of an older woman who is at home on her own. Who would she tell if she was being sexually assaulted? You would hope she had family or friends she could talk to. But she is so vulnerable. What if it was the carer who she is reliant on that is sexually assaulting her? That's a horrible situation for her to be in. In the image she is crying and tearing her hair out.

The older woman in the image is crying. I was thinking of an older woman who was very conscious of what is happening and feels like she can't tell anyone. The pic says I can't do anything. She was crying and thinking how sad this is, there is nothing I can do because I can't upset the rest of the family. Even if her family were to believe her, she doesn't want to rock the boat. What will the consequences be for her with her family? The cost of reporting is very high, and that's not a coincidence. It maintains male privilege. Women are still being silenced.

Who decides there is no harm from sexual assault? That's appalling. How do service providers gauge that? It's bizarre. I just think they don't want any trouble; they don't want the mess. They don't want their establishment to look bad. They probably believe at some level there was no harm, because it suits them to. But what sort of mental and emotional state is the older woman in to begin with. People with dementia have moments of clarity. They would think she didn't know what was being done to her. But she knows.

Residential aged care is a problem because of the sense of entitlement that men have, and then female residents have no protection. Where do they go when sexual assault happens?

How much power do older women have? They lose power, but it depends on their circumstances and their personality. If I think of myself in that situation and I had my mental faculties, I would be jumping up and down if I was sexually assaulted. But if I was in residential aged care, with that level of institutional power, if I reported sexual assault, what would I lose? They have no protection.

Rights are only something we have if they are given to us. In institutions they can take that power away. Older women are so vulnerable. It needs to be advertised where older women can go to for help if they are sexually assaulted.

In residential care I don't know any solutions. The camera idea is invasive. They need to screen staff better. Make sure that two people go into a resident's room, so they are more accountable. They need to look at staff allocation as well. There

should be someone who has the responsibility to be aware of the potential for sexual assault by knowing staff and knowing when members of staff (or visitors) are in someone's room on their own. They need to ask questions of the female residents, has anyone touched you? Has anyone done anything you don't like?

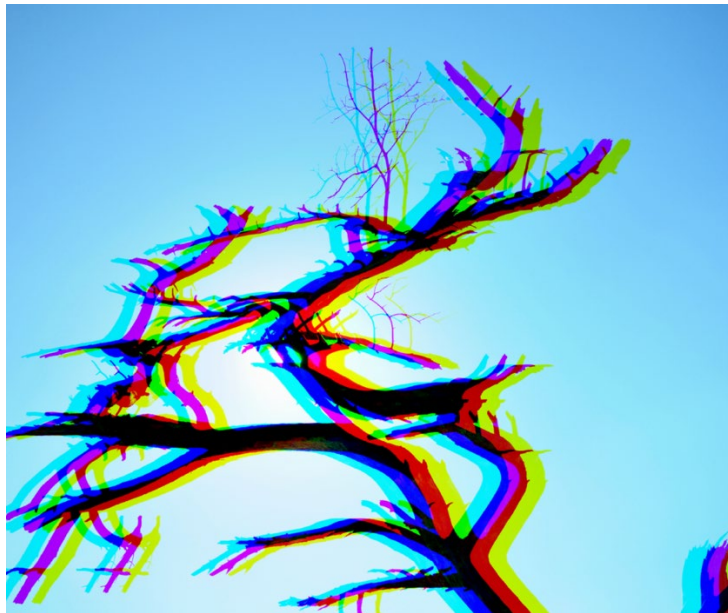
Older women have to be directly approached because they are not going to just come out with it and say that they were sexually assaulted. They will be weighing it up. What will happen to me if I report? Then there is the shame of talking about it. A lot of older women won't feel comfortable talking about sexual assault, so the staff would have to open up the conversations. And then you have to be careful how you talk about sexual assault, so you are not making the older women uncomfortable.

Residential aged care services could have an anonymous ideas box where residents could report sexual assault. It could be a suggestion box where they are invited to share if something has happened to them. Allow them to anonymously report sexual assault.

Confidential phone lines for reporting sexual assault could help older women. There is probably nothing for older women now to report. We need to have a line for older women so they know they will be listened to; they know that older women are heard. They will still weigh up what it will cost them. There is a sense of hopelessness about it.

It's very difficult. If I think about it happening to myself – horrifying. We have to put ourselves in those older women's shoes. I'm 68 and have been a lifelong lesbian; I would want to shoot the bastard.

## Hope for new life, by Theresa



*The older woman is a windswept tree. All the leaves are gone and the branches are silhouetted against the sky. So much has been lost. The bare skeleton is left, still providing a home for life. The tree has amazing roots. There is hope. It is not a dead tree. The older woman has lost her capacity and has been made vulnerable. She has no protection. But there is hope for new life. Her new life. A life where she is valued and finds her own strength.*

The language of sexual rights wasn't around when I was younger. I went to an all-girls school, and we had an old-fashioned head mistress who used to say... "if a lady remains a lady, then a gentleman remains a gentleman!"

There were different messages in the swinging sixties. If a woman was in a 'compromised' situation she could get herself out of it by behaving in an indignant way and walking off into the sunset. She should have the presence of mind to be dignified; she could 'pull up her gloves' and stalk off in full control. It wasn't like that.

There was a presumption that rape was about someone pouncing on us in the street and dragging us into the bushes. But even then, questions would be asked about what was she doing in the street and was her skirt long enough? We were seen to be complicit.

We are conditioned to be social, and it's in our DNA. We were surrounded by these sexual liberation messages, and it was all supposed to be great fun. It wasn't without its fun, but it did mean that one went along with the tide. It was hard not to. You belong in a place, and you are conditioned to fit in. You must have a sense of humour, or you would be called a wowzer.

I was in my forties or fifties before I could reflect that there was a mass grooming of young women and girls by the whole society in London. Convicted paedophile Jimmy Saville surprised us not at all, he was in plain sight with no one doing anything to stop him.

You were encouraged at some level to be available. Flirtatious behaviour and double entendre were everywhere and considered acceptable. You were on the brink all the time, because of the double standards and the pressure to play the game. There was still that equation of being a nice girl, good girl, look innocent, be a virgin when you were married. It was so improbable. It was on the brink. You were visible as a young sex object and anticipated sex partner. You were very conscious that you were viewed in that way. But there was no room for outrage because it was normalised, but it isn't normal. Such a difficult situation to be in.

It was a recipe for disaster. A teenager then was not empowered. You wanted to be accepted. It was miniskirts and tall boots, a provocative time. It was supposed to be all good fun, and probably it was good for some. But there was a morality thing going on for me and others. There was shame and regret. It ate at me. It was part of my choice to emigrate to Australia. The dismay that I had that I kept not resisting bad choices.

When things are happening to you that you don't want, you don't say anything; you are not empowered. You feel you have bought it on yourself. That's the worst thing. That you blame yourself and think that is not what you wanted to happen. And then you feel unworthy and it's hard to shake that one.

I think this has played into women's sense of self. Once you accept one bad thing, you accept others as your 'punishment', and it disempowers us more. They say to women now, you can be anything you want. What a crock of shit! Still, people found their own balance with it.

We were taught not to give consent under any circumstances; our headmistress taught us. We didn't have lessons on consent. I would have liked my parents to give me some guidelines, but they did not. They failed me in that regard. I think they were trying to be modern parents. When I went out and came back late my mother told me not to bring home any 'unwanted consequences'. It was a rejection of any child I would have. They didn't say anything else. I think that was remiss of them.

There was a spectrum of strictness among parents. Some would let their daughters out. But there was still a sense of wrongness about sex. It was still considered a wrong thing to be doing. There was lots of sexual content on the telly even in family shows. There was also a radio show called *Around the Horn with Kenneth Horn*. It was full of screaming Queens. I don't know what the ABC was thinking, because homosexuality was a criminal offence. Benny Hill was also completely smutty and full of innuendo, and it was considered family fare. It was all very jolly. It undermines any sense that sex is wrong, and yet we were being told it was wrong.

Men thought all their Christmases had come at once. I am sure the world also has thoughtful and considerate men – unfortunately I missed them. The ones I met didn't

have a thought in their head other than getting a leg over. They were a product of their time.

What definition of rape are we using? Some people think it has to be a stranger and forced. But if the woman is silent, we don't think of it as rape. We like it clearly cut – victims and perpetrators. In marriages there would be a lot of unwanted sex and a lot of people stayed in the relationship. It's harder to get out of as you age. There are a lot of disadvantages, social and economic. Older women who leave are more vulnerable to homelessness.

How are older women perceived in Australia? Older women are not perceived by others at all! We are figures of grandmother hood and there is a fondness for grandmothers, like there is for nurses. Kindly. Other than that, they wouldn't hardly even think to put in a sheltered bus stop for older people. There is an unfortunate trend towards segregation based on age. We are complicit in our own demise, moving into a retirement village or new developments that are not built for all ages. We need seating and shade and places where we bump into each other. All generations.

Older people get overlooked in shops. As soon as you have grey hair or hooded eyes you are ignored. People don't expect much of you, that's for sure.

Older men have a longer shelf life. They are regarded as having wisdom and status, particularly if they had a job that gives them status. That wears off, depending on your health and the way you carry yourself. When you are frail, you are looked down upon. Women who have had a successful career are often able to maintain a presence that people respond to. What we put out matters. For other older women no one is clicking their heels and saluting you. You are not worthy of other peoples' time really. Low status older women are not perceived of interest or advantage for others, and so – 'why are you taking up space exactly?' You don't have rights just because you are alive.

Sexual assault of older women is clearer, in a way that the nuance drops away. There is no justification in the case of someone who is clearly not in a position to consent. At least everyone can stand on their high horse and say unequivocally that is unjustified and should not happen.

Public outrage matters, but maybe people are switching off because of the horror of it. What is the next step? What are we going to do about it? I can fully believe some service providers think there is no harm to older women who are sexually assaulted. They are protecting their psyche from the difficulty of knowing that they did not stop it from happening. The sometimes-stated belief that an older victim of assault is not affected if she has dementia is cruel and ridiculous. We know that when people living with dementia experience trauma their behaviour is impacted. They don't go on happily in a content way. They get agitated. That should be extremely well known, so I don't know how anyone can say there is no impact on older women who are sexually assaulted.

Vulnerability happens on so many levels. Older women are vulnerable physically. Low status makes older women vulnerable. The stereotype of some stranger crashing through the window and leaping onto a bed with an older woman is not real.

It is more likely to be the window cleaner or a service provider or a family member. The chances of anyone believing the older woman are Buckleys and none. There would be so much shame for the older woman. Older women usually wont report sexual assault because of the shame. It gets reported to the police if the door gets bashed in, but not if it is someone they have a trusted relationship with. There is so much shame.

We need sustained campaigning to prevent sexual assault of older women. Sticking a few posters around is not going to do it. There is good work in general on sexual assault and domestic violence, it might not need to be a separate campaign, but they need to target older women to help them report. We need to start with schools and then do a whole of society campaign. First, we need to see women as equal. That's a big call itself!

We need anti ageism campaigns where older people can be seen and valued. We are light years behind sexual assault of younger women; ageism is so deeply entrenched. I don't know how we undo decades of ageist imbalance. It becomes difficult sometimes to imagine that is even possible, because we are not separate from it. We need examples of respect we can emulate. Perhaps Australia's multiculturalism could be our saviour... First Nations and many other cultures hold older people in high regard. Perhaps we could learn from that honouring, if we can hear other stories and share new ways of seeing elders.

## The Phoenix, by Kiran



*We are conditioned to be compliant with our social and cultural expectations. So, it's up to me as a woman to make my marriage work in spite of the fact that I might be married to an absolute d\*ckhead. Men never get the blame for breaking up a marriage. He can have the affair, but it's the wife's fault he has an affair. Maybe she wasn't giving him enough sex. Maybe she should have had a son. Maybe she should have cooked better. If you'd have been a good girl. No matter how consciously or cognitively you push it back ... it pops up in those dark moments.*

I was born in Southall and the only girl in the family. You know, the boys get away with everything. The girls get away with nothing. The only study I needed was to know how to cook, clean, sew ... to look after the family. When I was very young, I didn't notice any difference between me and my brothers. We were treated pretty much the same. It wasn't until I got into my teens that it was like 'no, no, no, no, no. You don't do that.' That was my first introduction to "hang on, things are different for girls." I used to wear shorts and things when I was little, then it was like, "you have to stop wearing those sort of clothes because it's not decent."

When I was home with my family, I never understood what it meant for girls to be unsafe. I had two older brothers, and they were in the same school. I was very protected. I also had six cousins, all boys, around me so I never felt unsafe at all growing up. Even when I went to university, which was in London, I didn't feel unsafe because I had a massive family there with lots of cousins. I had this network of men around me...I used to find it claustrophobic. I didn't see it as protection of being kept safe, but I found it claustrophobic that wherever I went, there'd be a male relative there. It really wasn't until I came to Australia that I suddenly realized how unsafe it is for a woman.

I was barely 26 when I came to Australia. I was foolish enough to get married. I came here with my husband. He wanted to move to Australia. My family were not keen. But I had a husband and, in their eyes, I had somebody who was going to look after me. Things didn't turn out like that. And within months we separated, and that was my first very stark introduction into "Hey, I'm not a person, I'm a piece of meat."

I felt like a piece of meat. Everyone thought that I served a purpose for them. 'Can you marry my brother in India? Bring him over here?' That sort of thing. And I was very isolated within the community. I was ostracized. I was blamed. I was accused. My in-laws told people "We had to kick her out because she is a prostitute. She was taking drugs."

I went to the local temple because I didn't know anybody else, and I didn't have a job. I didn't have working rights. I didn't have any of these things. So, I went along to the temple and said "Look, I've got this tussle with my husband, and the in-laws can you help me out?" I had no transport, I had nowhere to live, I was dependent on people, you know? I would be offered a lift and even though I was new, and I didn't know directions, I knew we were going the wrong way. So, on several occasions I got out of cars at traffic lights, not knowing where I was, but it was safer for me to get out in the middle of nowhere than it was to stay in the car. I could feel it and then, you know, I went through what I would call pretty close calls to sexual assaults, but, well, I'd say by the grace of God that in each case, something intervened or something happened that stopped it from going all the way.

So that was my first introduction, that if you are a woman by yourself in a large country a long way from your family, then you're fair game. I have never told my family. I'm telling you now and you're making me think about when it first happened. I haven't even told my closest friends.

When my marriage broke down, my father asked me to return to England, but I was actually kept in Australia by administration, by the system, not because I had no family to go to. I couldn't get a divorce in England at the time, and I had a lot of money tied up with my ex-husband. Which in the end I didn't get but it kept me here for years trying to resolve that. And in that time, I got a permanent job. England went into recession. I had a good job and everything, so I thought I'd stay a bit longer and then a bit longer, and I'm still here.

I had to go through the family court and was harassed by my in-laws who even took out an AVO against me. I didn't even know what they were. I've never been to court. I've never ever thought of going to court. I've never seen a police officer other than in a car going by.

But I found myself in court, like in the dock, like a criminal. I thought this country was like England. I went to services and I asked them for help because I didn't have my hundred points to get my tax file number and all these things. They basically said, "you can probably get a job and look after yourself. We can't support people like you." My English wasn't a barrier; my education wasn't a barrier. Even my background living in a country like England wasn't a barrier, but this country shut its door on me.

I remember sitting at Town Hall. There's a place there with public telephones and I looked up and it said '40 cents'. Back then you could put 40 cents in and make a call and talk to anybody for as long as you wanted. Now, where I came from in England, it was a timed call, so the longer you stayed on the phone, the more you paid. So, we're very used to making very short calls. So, I thought to myself, 'oh I could ring someone', and it suddenly dawned on me that I didn't know anybody in Australia to ring. Forty cents was meaningless. I remember that as one of my lowest points.

But then I suddenly thought, 'No, this is not going to be me.' And then I thought to myself, 'You know what? Success is the best form of revenge. My in-laws and my ex-husband are trying to harass me to the point of them dictating where I live, i.e. go back to England. Well, I'm not going back. And I didn't.

There was a time when I was in my thirties, I'd probably say that was the worst time in terms of men just becoming paw-y. You know, they just want to touch you and get anything else they could out of you. It was quite a horrific time for me, and I used to think if I get older and when I get fatter, I'll be unattractive, and it won't happen to me. I've learned now that sexual assault has nothing to do with what you look like. It's nothing to do with your personality. It is about control, and any woman is vulnerable. I've heard stories from mothers who are assaulted by their son in laws. And, you know, threatened by their son in laws because they're older and they're dependent on living with them.

So, whether you're in the home with family or whether you've got in home care, if you're incapacitated or you become weaker, I think there is a real threat that yes, you may well experience sexual assault.

If I was to be really honest with you, I would say I'm not going to get to 90 if I'm alone and I'm dependent on someone. I would be considering taking something and be done with it. I don't want an extended life that doesn't have quality or dignity. I'm not suicidal, I'm a practical person. I want to enjoy life. I want to live life. I want to have independence and self-determination. I don't want to be eating to someone's timetable. I want to eat when I am hungry.

We are conditioned to be compliant with our social and cultural expectations. So, it's up to me as a woman to make my marriage work in spite of the fact that I might be married to an absolute d\*ckhead. Men never get the blame for breaking up a marriage. He can have the affair, but it's the wife's fault he has an affair. Maybe she wasn't giving him enough sex. Maybe she should have had a son. Maybe she should have cooked better. You know, we make the excuses all the time.

That conditioned cultural norm is in the back of your head all the time, no matter how consciously or cognitively you push it back ... you know the logic, you know the reasoning, but it then pops up in those dark moments. "If you'd have been a good girl", "if you'd have been a better wife", "if you had been a better daughter" .... if, if, if, if.

I think most women you'll probably talk to in my generation, we recognize that. I think if you ask me how I feel, I would say I feel like I'm one person on a planet. But, if I was to describe how my life has ended up, I would say *The Phoenix*. I think

to myself, people kicked me down, but then I pick myself up and I get onto it and I turn adversity into advantage. I've done it many a times, and I know that's something that I'm good at.

## The Fog, by Angela



*Through the fog we recognise there is a human form; but we don't really care to know too much. We understand she may have suffered. We understand she has loved and created; but we don't really care. The sharpness is gone. Through the fog we can't really see her – we could if we tried. But we don't. We need to hear older women's stories; they can build empathy in a way that a printed page of dos and don'ts can't. Rule books and quality systems are not protecting older women, because they are too complex and demanding of time, because we cannot see the older women nor understand her suffering, nor do we care to. Our lives are running at a pace that we cannot keep up.*

I have had a life journey that is complex - and ugly - and beautiful. I love the new world that I am living these days. I also love that I've had the experiences of starting life out in a different form. I recognise I am privileged to be able to share perspectives across the gender boundaries, even though non trans folk cannot understand, nor can we mandate that they should. I suggest that until you walk a parallel journey it would be impossible. I am now re analysing my gender experiences, not everyone does a critique of gender power. It's taken for granted.

My wife and I live in a country town. There is less pressure here, except for a local Church that has lost its way in the striving for a male dominated interpretation of God's word. There is more responsibility in a country town. I feel part of the organism that is a small community. We have a shared responsibility for the operation of the town. I love that. There is a sense of the common good. There is fresh air, beautiful skies and no constant roar of the commerce that drives the big cities. I love going to the city when I can – I love the fizz. But I love living here.

When I was growing up my parents like so many of the era, had trouble talking about sexuality, I suspect most families did. I understood the basic concepts, men and women got married and then they had children. But we didn't have the language of sexual rights then, in the rigid social norms of the time. When I got married, I didn't really deeply understand the physical or psychological human parts – but I knew there were rules.

Sexuality didn't affect my life. My parents didn't talk about it. I went to an all-boys school, and we didn't talk about it there either. I'm sure that boys were having sexual adventures, but it was not visible to me.

I know that there were misogynistic conversations between young men, but when it happened, I would absent myself. There were messages from churches that a person that didn't have intercourse until you were married and yet many ventured that path, even well to do fathers would shout a bit of spotty for their sons in houses of ill repute. My wife and I loved each other, and sex was a secondary outcome. There was a joining of two people together in love. It wasn't a sexual sport. It was about love. I lived in a simplified world, a world rich with serialised radio plays, a Biggles world, a Blue Hills world of dad and Dave on the farm. It was not a sexualised world.

Today, I suggest that older women are almost invisible. Society is so busy that they think older folk are not worth spending time talking to. I don't think we are seen. Unless we are family members we are almost greyed out.

Sexual assault of older women is a problem. Of course it's a problem. I don't understand the thought processes of the people who are perpetrating sexual assault. Maybe they think older women should be grateful for the last little sexual thrill. Maybe that's the only way they can justify that in their heads, in a self-serving way. Sexual assault is never a thrill for the victim/survivor; it is devastating for older women. The numbers are just plain unacceptable and sadly they are not surprising. You just don't do that to other people. You just don't.

Women for too many - are possessions. We have fewer rights. Historically we had to fight to get the vote, we weren't able to inherit or take over the family property, it had to go to a male family member. Women are seen as the bearers of children, the subsidiaries. They feel that we are not equal. We are not even part of the human race.

When I was bought up with male culture, society placed endowed male privilege on me. Unless you are trans you don't know how confounding it is to lose that privilege once you are driven to your personal internal truth.

I am ignored more often as a woman, particularly as an older woman. I notice the influence of that which I offer as a solution or comment that I put forward in a conversation is given less weight and so often it is ignored or repackaged by an alpha male in the conversation. I assumed some power in my past job and sat in the front row of the theatre. I had a degree of power. I wielded power. I could feel the power in the way people listened. That is no longer my experience as a woman and as an older woman.

I also feel less safe as a woman. Sometimes when I am in the city I am taken back by how vulnerable I feel as an older woman. I am very risk averse; I don't go to places where there is alcohol. I am now re analysing my gender experiences for the past 74 years, not everyone does a critique of gender power. It's taken for granted that folk know their place in the fabric of society.

I don't even think many women understand how big the gulf is. In some ways they do. But when you live it as a man you assume it, you assume power. There is an

expectation that our culture anoints male children with power. Men don't see it till they don't have it. They take it for granted. As a trans woman I no longer have it, that reality slaps me in the face.

When I think of vulnerable older women I think of an image of an older woman, she is appearing through the fog, colourless and lacking definition. We recognise there is a human form there, but we don't really care to know too much about her. We understand she may have suffered. We understand she has loved and created but we don't really care. The sharpness is gone. Through the fog we can't really see her, we could if we tried. But we don't try.

The same can't be said of older men. There is a power differential. Women have been targets for males taking what they need. It's the male thing that its deeply ingrained in the human gene and culture that women are more are more greyed out, once the flush of youth and vibrancy has departed, older women are more used and abused.

The frailty of older women makes them vulnerable to sexual assault. Then there is the attitude of opportunists who prey on older women. I suspect some males see an opportunity and take action

We need to educate men to the extent that they will think hard about the consequences before they sexually assault someone. Men need to be held to account. We also need to hear older women's stories. They demonstrate the vulnerability. They can build empathy in ways that a printed page of dos and don't can't. Rule books are not protecting older women, because we are not seeing the older women nor understanding her suffering.

## Not Venus



*The so-called Venus of Willendorf statues have been explained as fertility symbols, stone-age pornography, female goddesses. Several archaeologists have measured their bodily dimensions and claim these statues represent post-menopausal women. Women who are post-menopausal and no longer child bearing tend to not be valued in Western society. But it can be argued that grandmothers who help in the care of the children sustain and strengthen societies, from traditional hunter-gatherers to our own. Perhaps the 'Venus' of Willendorf celebrates the strength of societies nurtured by older women who are respected.*

I refuse to think of my ageing into dementia because it's such a difficult thing for our society to deal with. Family and partners feel they 'lose' the person they once knew. Aged care services are insufficient to give generous patient care and support. People with dementia seem to be the most vulnerable in our nursing homes.

I also cannot begin to understand why men would sexually assault someone living with dementia. Staff are not valued or paid much, and the disregard our society has for them may flow into disregard for their patients. Maybe they justify sexual assault of older women by saying the older woman's families don't care. For the person living with dementia in residential aged care, everything that gives them protection is stripped away. For the worker it is as well. Neither are valued.

When I was younger what we knew about sex wasn't framed in terms of rights or equality. I was almost sexually assaulted a number of times, but because I was a virgin I was protected. I was able to tell the young men I was a virgin and they stopped. I was sufficiently protective of my virginity that I was willing to become socially unacceptable by screaming to stop the assault at the party I was at, rather than losing my virginity.

When a guy I was with tried to have sex with me, eventually I screamed. Another man at the party came in and I told him I wanted the man trying to have sex with me to stop because I was a virgin. So, his friend took me down the back of the garden,

checked me and because he saw that I was a virgin, he let me go. Otherwise, I believe he would have attempted to have sex with me.

Later, I just gave in because it was easier than trying to stop the sex. I had a boyfriend in first year university and lost my virginity to him. After that I let men have sex because it was easier. The only time I resisted assault was many years later, in my late thirties or early forties, when I was assaulted while on a jog. Because the man assaulting me wanted to experience the sex as consensual, my resistance did not provoke him into hitting me. Eventually I was able to pull away from behind the vegetation screening us from the road and he gave up.

The situation since then has changed a lot. A woman in my time would never dream of bringing a rape case to trial like Brittany Higgins has or achieved the widespread positive attention Grace Tame has for her battle against her abuser. Back before feminism in the 1970s, these young women wouldn't be believed, first by the police, and, if it got past that, in the court case. A husband couldn't rape a woman, because there was no such thing as rape in marriage. But society has also stayed the same. Police, judges and juries still believe men's stories more so than women's, in sexual assault and family violence cases. However, more research on these injustices, more education and activism around them, and more people talking about sexual assault in society today helps to make more people aware that it does happen, even to older women.

Back in the early 1970s, I didn't have a sense of inequality. I didn't have that language. Also, I had sexual urges, and I wanted to be seen by young men as sexually attractive. All these contradictory emotions made it impossible for me to discern what I really wanted from sexual encounters, let alone articulate it. Also, I had only one orgasm before I got married, at the end of my four-year university studies, so the idea of enjoying sex wasn't part of the equation.

Older women are vulnerable in a number of ways, for example lower lifetime earnings translate into a lower superannuation which can mean stretched economic circumstances. Older women also write of being socially invisible. But that has rarely happened to me. For example, most of the time young people serving me are courteous; perhaps they have a fair idea of who will give them a tip! I haven't experienced the discrimination Germaine Greer writes about.

When you are no longer contributing productively and no longer independent, when you couple ageing with dependence, that's the challenge.

Our individualist society celebrates people looking after themselves and being self-sufficient. As you lose that, and you rely on others, you can lose belief in yourself and lose who you were.

My mother initially found it very difficult to ask us for what she wanted, to become increasingly dependent on the caprices of her two daughters (her son never figured as having an obligation of care). That dependence was not what she wanted in life. We did work this out, but both my mother and her daughters had to discuss the changed situation and how it would work best for us, with the daughters having more say in what their 'best' was than our mother had in her 'best'.

We know that people with dementia are incredibly vulnerable in aged care. From what we know, older women are even more vulnerable. The stats concerning sexual assault and other abuse don't really surprise me.

Until this interview I hadn't considered the issue of wives of men with dementia being sexually assaulted by their husbands. I imagine it would be very difficult for women to talk about it. Perhaps they would talk to someone who could give them a strategy. I think loyalty is a complicating factor in the situation. I would say, though, that for many older women dealing with a partner with dementia, it is not so much loyalty, which is about emotional connection, as wifely duty, what you are trained to do as a wife, that motivates their care. Older women will look after a husband who is sexually assaulting her because that is her wifely duty, that is what she was brought up to be and do.

Older women with dementia can't give consent to sex. In care we cannot know if they are being sexually assaulted unless it is filmed or observed by someone else. Given these difficulties, and the relationship of fiduciary duty, no service provider should have sex with older women in their care.

## Rising from the ashes, by Bee



*You know how when you are homeless, you feel so lonely. I was living in my car. I'm 67 and very fortunate because I am now in social housing. It's all women here so I feel safe. I can live a normal life being myself without any fear of being attacked. It's peace of mind. It's healing, it's being able to progress. The lotus flower is symbolic of me. It is so beautiful above the water but the root of it is so messy and so ugly. It's like life, you know you can blossom from difficulties and rise from the ashes.*

My mum's from the country and dad from the city. It was an arranged marriage because my grandmother wanted a country girl. My mum wasn't keen, but they got together in the end. They had 13 children because my dad was very ambitious. We had to do everything from when we were very young, maybe from seven, eight years old. We had to help mum do all the housework and cook meals.

My father had a business. He was a very old-fashioned Chinese man. Children were assets because they can help with the family business. So, we all grew up with the business. We were not supposed to go for higher education. I finished my HSC and that's it. I didn't go to uni. It's bad for me to say it, but now I realize it's some sort of slavery in a sense.

I loved school. I was always in the top 10 in my school for many years. I wanted to go to university. I wanted to be a professor or a lecturer. I loved to learn, and I always wanted to get a degree. But we girls had to be married and serve our husbands. I loved every bit of schooling. I was very active in sports, I was a prefect, class monitor ... everything!

We led a very, very sheltered and controlled life. There was a lot of favouritism. I know mum loved all of us, but she always favoured the sons. And so did my dad. The brothers are always judge and jury over the sisters, even though I'm older than

them. It was very much, "you can't do this, can't do that." I always put myself down a lot.

I am more the black sheep of the family. I'm the only daughter who moved out. I left, rented a room and that's when I met people. I was 28. That's how I met my then Australian husband. He was in Malaysia looking for property, and we had a child together.

He was a good man to start with. He was the managing director of this multinational company, but he lost his job when the company was bought out. He was given the boot. That's when things went downhill, and he started to drink. We were in trouble because there was no income. We were in a lot of strife. I was so stressed, day and night, that I ended up with cancer. That was 15 years ago. We lost our home.

I was just like a zombie. I didn't know what to do. I didn't know what to think. Those were anxious and desperate times. You're by yourself. There's no family nearby.

I like to read a lot. I like to know about news and all those things about nursing homes. These homes really need an overhaul. A lot of nursing home owners are ripping off the old people and these old people are the ones who need real care. The owners don't have compassion. They don't understand old people's pain. The old people need understanding, compassion and kindness. And this assault thing is a hundred percent there.

This is why I don't want a male to come and handle my personal washing. No matter what age you are, I want a female. I don't like male nurses. I would not want a male to touch me unless he's a doctor. I do not want male staff to come in and shower me. No way. When they see a woman who is vulnerable, who cannot protect herself, it's an easy take for them.

You know how when you are homeless, you feel so lonely. I was living in my car. I'm 67 and very fortunate because I am now in social housing. It's all women here so I feel safe. I am very comfortable; I feel I can live a normal life being myself without any fear of being attacked. It's peace of mind. It's healing, it's being able to progress. When you close the door behind you, it is your safe space. It is somewhere you can have your own things. I'm alone here - this is my space; this is my comfort zone.

You know what? The mental, emotional thought that you are going to enter a nursing home is the biggest, biggest, biggest challenge for anyone. The way it is today, it's just a holding cell for the dying. For the living dead. Love and nurturing are not there in any nursing home.

We have sacrificed our whole life to love and care for young ones. When it's our time to be nurtured and loved and cared for, it's the humane thing to do to give us some dignity.

The lotus flower is symbolic of me. I chose it because it is so beautiful above the water but the root of it is so messy and so ugly. It's like life, you know you can blossom from difficulties and rise from the ashes.

## Support services

### The Older Persons Advocacy Network (OPAN)

The Older Persons Advocacy Network, or OPAN provides independent, confidential, and free advocacy support for people living in residential aged care. OPAN has provided training and support to all their services to better understand how to support people who have been sexually assaulted in residential aged care. An OPAN advocate can provide victims/survivors with information about their rights and help to make sure they are safe. An aged care advocate will listen to victims/survivors and can

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

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

#### **1800RESPECT**

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

#### **1800FULLSTOP**

Full Stop Australia is here to put a full stop to sexual, domestic or family violence. They offer confidential counselling for people who have experienced sexual assault and for family members. Call 1800 385 578 any time or check the website: <https://fullstop.org.au/>

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

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