

**READY  
TO LISTEN**

# The #ReadyToListen Policy Kit

## For Preventing Sexual Assault in Residential Aged Care

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### **The #ReadyToListen project**

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

### **Ready To Listen resources**

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

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

### **Suggested citation**

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### **More information**

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

## Important definitions

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

### **Affirmative consent**

Affirmative consent is a communicative model of intimacy to better give effect to the values of mutuality, respect, autonomy and dignity.<sup>2</sup> Affirmative consent makes it clear that a person does not consent to sexual activity unless they said or did something to communicate consent.<sup>3</sup> The objectives of affirmative consent in residential aged care are to recognise that every older person has a right to choose whether to participate in sexual activity and that consent to a sexual activity must not be presumed. Communication of consent requires more than noting an older person was not obviously distressed or didn't say no to sexual activity. Consent is given through words or actions before and continuously throughout sexual activity.

### **Disclosure**

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

### **Older person**

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

### **Perpetrator**

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

### **#ReadyToListen**

The term #ReadyToListen refers to aged care service providers knowing the risk of sexual assault, understanding indicators, believing those who disclose, acknowledging impacts, providing support, and taking proactive steps to protect older people. Being #ReadyToListen is achieved through organisational policy and education for staff and information for older people and their families on sexual assault.

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<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.

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<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.

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

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

<sup>13</sup> Ibid.

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*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)*

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## Introduction

Since the Royal Commission into Quality and Safety in Residential Aged Care, 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. The final (2019-2020) report identified there were 851 reports of alleged or suspected unlawful sexual contact.<sup>15</sup>

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

In contrast to the myth of 'no harm', global research shows the following adverse impacts of sexual assault in residential aged care:

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

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

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

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

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

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

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

## Reforms to policy, legislation and standards

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

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

In addition to these reforms, the Australian Government Department of Health funded The Ready to Listen project in 2021, to help improve responses to and prevent sexual assault in residential aged care – as outlined in the following section.

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

<sup>19</sup> Ibid.

<sup>20</sup> [opal.institute.org/margarita](https://opal.institute.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>

## The #ReadyToListen project

In 2021, the Older Persons Advocacy Network (OPAN) presented a proposal to the Department of Health for a national project to deliver education and resources to residential care service providers on preventing sexual assault and supporting victims/survivors. 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 significant. The project is the first national approach to prevention and demonstrates leadership by an aged care peak body on this issue. It also likely begins a period of great reflection by other key stakeholders about their role in reforms.

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

## The #ReadyToListen MAP

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

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

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

This Policy Kit relates to Element 10: promoting protection, prevention and service improvement to prevent sexual assault. These elements are outlined in MAP Guidelines, which need to be read before using the Policy Kit.

The MAP Guidelines have been developed and reviewed by a team with broad-based expertise in residential aged care and sexual assault. The engagement of such a broad range of key stakeholders has enabled us to consider sexual assault prevention from several perspectives. This has strengthened the resource.

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/>

## How to use the Policy Kit

This Policy Kit outlines key actions related to the 10 #ReadyToListen MAP elements. The policy statements are intended to be localised by service providers developing a sexual assault prevention policy or incorporating sexual assault prevention into an existing incident management system.

A word version of the policy is available, for services to add in local contacts, internal reporting mechanisms etc.

It may be useful to form a policy development group with representation from older people, families, care coordinators, quality managers, team leaders etc to draw on a range of perspectives on the policy content. It may also be useful to invite the local sexual assault services, medical services, and police to provide input. Suggested steps for developing a sexual assault prevention policy include:

- Form a group to oversee development and review policy
- Review the #ReadyToListen MAP Guidelines
- Review all #ReadyToListen resources
- Audit your service using the #ReadyToListen audit tool
- Review audit results and undertake improvements
- Take the draft policy – localise it including localising any [bracketed] content such as:
  - Internal contact people and numbers
  - Contact details for local police
  - Contact details for local sexual assault service
- Delivering education for staff on the policy.

# Sexual assault prevention policy statements

The policy statements include [bracketed] content, which is designed to be localised with details relevant to your service.

## 1. Sexual assault definition

The term sexual assault is used in our education, policy and procedures to encompass 'unlawful sexual contact, and inappropriate sexual conduct'. The definition section of this resource includes a summary of a definition outlined in The Aged Care Rules.<sup>29</sup>

*Sexual assault includes any unlawful sexual contact, or inappropriate sexual conduct, inflicted on the older person, including:*

- *If the conduct/contact is inflicted by an aged care worker, including sexual assault, an act of indecency and the sharing of an intimate image of the older person – or any touching of the older person's genital area, anal area or breast in circumstances where this is not necessary for the older person's care*
- *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 older person*
- *engaging in conduct relating to the older people with the intention of making it easier to procure the older person to engage in sexual contact or conduct.*

Staff education will include the above definition and ensure that all staff members are clear about the activities that constitute sexual assault.

## 2. Sexual Rights and Responsibilities

- a) The Charter of Sexual Rights and Responsibilities is made available in hard copy for older people and families in [their orientation pack]
- b) The Charter is also made available to all staff members through [the intranet]
- c) Staff will assist in ensuring sexual consent is required for every sexual activity – every time
- d) Where concerns are raised about an older person's capacity to provide sexual consent, the [team leader] will be notified immediately, and older people are asked to stop sexual activity until consent has been clarified
- e) The process for determining sexual consent is to [insert process here e.g. referral to DBMAS, GP or Geriatrician]
- f) Staff education will cover the Charter, the role of staff values and beliefs on sexual rights, and place particular emphasis on the rights and responsibilities of staff in this context.

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<sup>29</sup> <https://www.legislation.gov.au/F2025L01173/asmade/text>

### 3. Indicators of sexual assault

- a) Older people who disclose sexual assault will be believed and staff will report the disclosure to [team leader] immediately
- b) If an older person shows physical signs of sexual assault, such as genital trauma, bleeding or bruising etc this must be reported to [team leader] immediately
- c) If an older person demonstrates psychological/behaviour changes, these will be reviewed as potential indicators of sexual assault and reported to [team leader] immediately
- d) Where indicators of sexual assault are present, these must be reported to [team leader] immediately
- e) When indicators of sexual assault are reported to [team leader], this team member will implement the sexual assault reporting processes immediately (see policy statement 5)
- f) Staff education will explore how indicators of sexual assault may differ for victims/survivors with dementia and those who are unable to communicate verbally.

### 4. Impacts of sexual assault

- a) Assessment of impacts will be undertaken for the purposes of understanding the support needs of the victim/survivor
- b) The process of assessment will take into account that victims/survivors with dementia, memory loss or inability to speak may have difficulty communicating impacts – and may require assessment of non-verbal indicators, such as behaviour/psychological changes
- c) Identification of the impacts of sexual assault will include any changes to the ways the victim/survivor engages with their care, other older people, staff and their environment more broadly
- d) Identification of the impacts of sexual assault will consider perceived threat, including potential perceived threat experienced by victims/survivors who are unable to speak
- e) Assessment of impacts will be understood in the context of the global evidence base showing the harmful impacts of sexual assault
- f) Staff education will outline the harmful nature of sexual assault in residential aged care, explore origins of the ageist myth that sexual assault is not harmful to older people and clarify the importance of understanding impacts i.e. to meet the victim/survivor's care needs, rather than rate/rank the 'seriousness' of the sexual assault.

## 5. Reporting requirements

- a. When sexual assault is witnessed, disclosed or suspected, it must be reported immediately to [team leader]
- b. The [team leader] will notify the Serious Incident Response Scheme as a Priority 1 incident within 24 hours
- c. The [team leader] will also notify [the CEO/Board] immediately
- d. Reporting to Police will comply with the Serious Incident Response Scheme Guidelines for Residential Aged Care Providers, as follows:
  - Sexual assaults must also be reported to police within 24 hours of becoming aware of the assault
  - Reporting to the police should occur regardless of whether the assault is alleged or suspected to have occurred
  - Sexual assaults will be reported to the police, regardless of whether the older person and/or their representative or family seek to have the incident reported
- e. Check with the victim/survivor whether they would like their family notified. If the victim/survivor has substitute decision-maker, they must be notified immediately
- f. Staff education will clarify protection and support for staff who report sexual assault, the internal reporting mechanisms and SIRS requirements.

## 6. Safety and support

- a. Following disclosure of sexual assault, ensure the victim/survivor receives immediate medical attention - if emergency call 000 (triple zero) to arrange an ambulance. If not an emergency, call the older person's GP. Check with GP and Police whether forensic medical examination is required
- b. Staff will take immediate action to protect the victim/survivor from further sexual assault – and a safety plan will be documented in the [older person's notes]. Staff will ask the older person if they feel safe, and if not - what they need to feel safe. Consult with the victim/survivor's family/substitute decision-maker if appropriate. Ensure the safety plan is enacted and reviewed – and that the victim/survivor is safe and feels safe
- c. Provide victim/survivor with information on sexual assault services for counselling and support. Our local sexual assault service is [insert name and contact details]. If there is no response, contact 1800 RESPECT (1800 737 732) and ask for the details of other local services
- d. Offer to check if [the local sexual assault services] can provide phone support or visit the victim/survivor. Sexual assault services should be offered, and access supported, even if the older person is unable to communicate

- e. Offer the victim/survivor access to an aged care advocate to advocate on their behalf. Contact the Older Persons Advocacy Network (OPAN) information and advice line on 1800 700 600
- f. Please note in the older person's files that they have been offered access to sexual assault and OPAN advocacy services
- g. A template for safety planning is available and should be used to check victim/survivor needs and safety. Others to consult in relation to the plan include (where appropriate) family members or substitute decision-maker, sexual assault services, aged care advocates, medical staff etc
- h. Staff education will include strategies for promoting older people's support and safety following sexual assault disclosure – and strategies for working with family or substitute decision-makers.

## 7. Open disclosure

- a. When sexual assault is disclosed, an unreserved apology to the victim/survivor and their family or substitute decision-maker (where appropriate) will be provided by the [team leader] within 24 hours and will acknowledge what the victim/survivor has experienced and express commitment to preventing further sexual assault. The provision of an apology should be recorded in the victim/survivor's care notes
- b. An internal investigation will begin after the sexual assault has been reported to the [team leader]. If police are notified, the [team leader] will check with police before commencing an internal investigation
- c. The aim of the internal investigation is to find out what happened and identify how further sexual assault can be prevented for the victim/survivor and other older people. The investigation will include the following:
  - Interview with the victim/survivor and their family/SDM (where appropriate)
  - Meeting with staff, particularly those on duty at the time of the assault
  - Meeting with other older people – if the sexual assault is widely known. This meeting can involve discussion about strategies to promote the safety of all older people in the home, without compromising the privacy of the victim/survivor
- d. The findings of the investigation and the action taken need to be documented by the [team leader] in the [incident management system]
- e. The [team leader] will thank the staff who reported the sexual assault and reaffirm the importance of speaking out – to create a culture of open disclosure and prevention
- f. In meetings and conversations with staff, they will be reminded that Whistleblower protection applies to reporting sexual assault
- g. Staff education will provide staff with strategies for investigating the assault (following any investigation by police) to clarify what happened and how it can

prevented. Staff education will also explore the importance of an apology to the victim/survivor and their family/substitute decision-maker and practical strategies for apologising.

## 8. Trauma-informed services

- a. We understand that many older people have experienced historical trauma, and may be retraumatised by sexual assault in residential aged care
- b. We also understand that sexual assault is a traumatic event for the victim/survivor and secondary trauma may also be experienced by families, other older people and staff
- c. Care for the victim/survivor includes their safety needs (see statement 6, safety and support) and also sensitive care, or checking what they need to feel safe on an ongoing basis
- d. The victim/survivor and their family will be given the contact details for [local sexual assault service]
- e. A team debriefing meeting will be facilitated by [team leader] within 24 hours of disclosure to check staff support needs and prevention strategies
- f. Information about publicly available support services e.g. 1800RESPECT will be provided in [the staff room and staff intranet]
- g. Information about counselling through our [Employee Assistance Program] will be provided in the staff room and intranet – and will include information on the privacy of staff who access this service
- h. At all levels of [management], we will promote listening to and respect for staff, to demonstrate the listening and respect we are asking our staff to provide to all older people
- i. Staff education will outline a trauma-informed approach, including the importance of recognising re-traumatisation and vicarious trauma for older people, families and staff. Education will also assist staff in understanding the role that their experiences, values and beliefs (or culture) play in responding to the sexual assault disclosures. Education will also remind staff of their role in building a culture of trauma-informed services – where older people, families and staff are respected and heard every day.

## 9. Recognising and reducing older people's vulnerability

- a. All relevant policies and protocols (including risk management, quality improvement, rostering, staff mix etc) will take into account older people's vulnerability to sexual assault
- b. Staff education will promote an understanding that

- It is our attitudes that makes older people vulnerable to sexual assault; in particular the myth that sexual assault doesn't happen, isn't harmful or won't be remembered
- Most victims/survivors of sexual assault in residential aged care are frail women with dementia, who may be targeted because they can't speak or won't be believed if they disclose sexual assault
- Most perpetrators of sexual assault are men. This includes older males, staff, volunteers, family members and visitors.

## 10. Protection, prevention and quality improvements

- a. We have formed a [working group] to oversee development, implementation and evaluation of this policy, and includes the following actions:
  - Review the #ReadyToListen MAP Guidelines
  - Review all #ReadyToListen resources
  - Audit our service using the #ReadyToListen audit tool
  - Review audit results and undertake improvements
  - Localise the draft policy
  - Implement staff education on the policy.
- b. Staff education will cover all the elements in the #ReadyToListen MAP and will:
  - Be mandatory – for staff members at all levels of the organisation, including Board Members
  - Be updated annually
  - Be refreshed after sexual assault disclosures.

## 11. Open disclosure

- h. When sexual assault is disclosed, an unreserved apology to the victim/survivor and their family or substitute decision-maker (where appropriate) will be provided by the [team leader] within 24 hours and will acknowledge what the victim/survivor has experienced and express commitment to preventing further sexual assault. The provision of an apology should be recorded in the victim/survivor's care notes
- i. An internal investigation will begin after the sexual assault has been reported to the [team leader]. If police are notified, the [team leader] will check with police before commencing an internal investigation
- j. The aim of the internal investigation is to find out what happened and identify how further sexual assault can be prevented for the victim/survivor and other older people. The investigation will include the following:

- Interview with the victim/survivor and their family/SDM (where appropriate)
  - Meeting with staff, particularly those on duty at the time of the assault
  - Meeting with other older people – if the sexual assault is widely known. This meeting can involve discussion about strategies to promote the safety of all older people in the home, without compromising the privacy of the victim/survivor
- k. The findings of the investigation and the action taken need to be documented by the [team leader] in the [incident management system]
  - l. The [team leader] will thank the staff who reported the sexual assault and reaffirm the importance of speaking out – to create a culture of open disclosure and prevention
  - m. In meetings and conversations with staff, they will be reminded that Whistleblower protection applies to reporting sexual assault
  - n. Staff education will provide staff with strategies for investigating the assault (following any investigation by police) to clarify what happened and how it can be prevented. Staff education will also explore the importance of an apology to the victim/survivor and their family/substitute decision-maker and practical strategies for apologising.

## 12. Trauma-informed services

- j. We understand that many older people have experienced historical trauma, and may be retraumatised by sexual assault in residential aged care
- k. We also understand that sexual assault is a traumatic event for the victim/survivor and secondary trauma may also be experienced by families, other older people and staff
- l. Care for the victim/survivor includes their safety needs (see statement 6, safety and support) and also sensitive care, or checking what they need to feel safe on an ongoing basis
- m. The victim/survivor and their family will be given the contact details for [local sexual assault service]
- n. A team debriefing meeting will be facilitated by [team leader] within 24 hours of disclosure to check staff support needs and prevention strategies
- o. Information about publicly available support services e.g. 1800RESPECT will be provided in [the staff room and staff intranet]
- p. Information about counselling through our [Employee Assistance Program] will be provided in the staff room and intranet – and will include information on the privacy of staff who access this service
- q. At all levels of [management], we will promote listening to and respect for staff, to demonstrate the listening and respect we are asking our staff to provide to all older people

- r. Staff education will outline a trauma-informed approach, including the importance of recognising re-traumatisation and vicarious trauma for older people, families and staff. Education will also assist staff in understanding the role that their experiences, values and beliefs (or culture) play in responding to the sexual assault disclosures. Education will also remind staff of their role in building a culture of trauma-informed services – where older people, families and staff are respected and heard every day.

### 13. Recognising and reducing older people's vulnerability

- c. All relevant policies and protocols (including risk management, quality improvement, rostering, staff mix etc) will take into account older people's vulnerability to sexual assault
- d. Staff education will promote an understanding that
  - It is our attitudes that makes older people vulnerable to sexual assault; in particular the myth that sexual assault doesn't happen, isn't harmful or won't be remembered
  - Most victims/survivors of sexual assault in residential aged care are frail women with dementia, who may be targeted because they can't speak or won't be believed if they disclose sexual assault
  - Most perpetrators of sexual assault are men. This includes older males, staff, volunteers, family members and visitors.

### 14. Protection, prevention and quality improvements

- c. We have formed a [working group] to oversee development, implementation and evaluation of this policy, and includes the following actions:
  - Review the #ReadyToListen MAP Guidelines
  - Review all #ReadyToListen resources
  - Audit our service using the #ReadyToListen audit tool
  - Review audit results and undertake improvements
  - Localise the draft policy
  - Implement staff education on the policy.
- d. Staff education will cover all the elements in the #ReadyToListen MAP and will:
  - Be mandatory – for staff members at all levels of the organisation, including Board Members
  - Be updated annually
  - Be refreshed after sexual assault disclosures.

## Useful contacts

### **1800RESPECT**

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

### **1800FULLSTOP**

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

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

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

The OPAN information and advice line can connect victims/survivors with an advocate from their state/territory based OPAN service who can advocate on their behalf. Call 1800 700 600 (7 days week) or check the website at: <https://opan.org.au/>

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

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

### **Ready To Listen resources**

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