

**READY
TO LISTEN**

The #ReadyToListen Trauma-Informed Framework

for Residential Aged Care

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Contents

IMPORTANT DEFINITIONS	3
INTRODUCTION	6
UNDERSTANDING TRAUMA	10
PRINCIPLES OF TRAUMA INFORMED RESIDENTIAL AGED CARE.....	12
APPLYING THE PRINCIPLES	15
STRATEGIES FOLLOWING SEXUAL ASSAULT	23
PERSPECTIVES OF AN OLDER PERSON AND SERVICE PROVIDER.....	27
FURTHER RESOURCES AND SUPPORTS	34

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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 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/>

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For more information contact

More free resources on #ReadyToListen website: <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, 2024.¹ 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.² Affirmative consent makes it clear that a person does not consent to sexual activity unless they said or did something to communicate consent.³ 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^{4,5} 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 assault⁶, as well as people who may induce or assist others to engage in the sexual assault⁷. The term 'perpetrator' is used to reinforce the serious nature of sexual assault.⁸

#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.

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

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

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

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

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

⁶ https://www.police.vic.gov.au/sites/default/files/2019-02/Victoria-Police-Reporting-Guidelines--v12-2_7Mar16_gvr.pdf

⁷ Ibid.

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

Registered supporters

A registered supporter⁹ 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,¹⁰ 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.

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

¹⁰ <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 assaulted¹¹, particularly to illustrate that a sexual assault has been committed.¹² The term 'survivor' often refers to a person who is going through or has gone through a recovery process.¹³ Some of the #ReadyToListen resources refer to victims/survivors in recognition that those impacted have the right to choose how they are referred to.

¹¹ https://www.police.vic.gov.au/sites/default/files/2019-02/Victoria-Police-Reporting-Guidelines--v12-2_7Mar16_qvr.pdf

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

¹³ 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 changes to legislation and policy on sexual assault in residential aged care. These changes have led to recognition of the need for trauma-informed approaches to sexual assault.

In Australia, processes for reporting sexual assault in residential aged care were introduced in 2004, when the Department of Health, Disability and Ageing launched a scheme for the compulsory reporting of incidents, including sexual assault.¹⁴ There were 'limited circumstances' to reporting, which meant that sexual assault was not required to be reported if the perpetrator had a cognitive impairment.

A critique of the compulsory reporting approach was that data was collected, but it was not clear that it was being utilised to inform strategies for prevention. This gap and the limited circumstances approach have arguably contributed to a conceptualising the sexual assault of older people as a lesser crime, or no crime at all.

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

- high rates of mortality, physical injury and delirium, as well as protracted PTSD¹⁶
- physical injuries, including long term health conditions, exacerbation of existing injuries or conditions¹⁷
- higher rates of genital trauma, aches and pains, cuts and bruises, and sexually transmitted diseases, compared to younger women¹⁸

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

¹⁵ <https://www.health.gov.au/resources/publications/prevalence-study-for-a-serious-incident-response-scheme-sirs>

¹⁶ <https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

¹⁷ <https://link.springer.com/book/10.1007/978-3-030-16601-4>

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

- fear of perpetrator reoffending resulting in distress, insomnia and general failure to thrive¹⁹
- delays in processing and impaired communication which potentially compounds the trauma of sexual assault.²⁰

The problem of sexual assault in residential aged care was highlighted in the Aged Care Royal Commission's final report, which was released in 2019.²¹ It estimated there are 50 sexual assaults in residential aged care each week.

Legislation, standards and policy

Following the Royal Commission, a series of legislative and policy reforms were implemented, including the following:

- 2020: Serious Incident Response Scheme (SIRS)²² 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 ACQSC²³, and was updated the following year²⁴
- 2022: An Aged Care Code of Aged Care Code of Conduct²⁵ 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.²⁶

A further reform relates to the Aged Care Act, 2024,²⁷ which outlines the right of older people to trauma-informed care in its Aged Care Rights and Principles. The principle of trauma-informed care is outlined in more detail in the Strengthened Aged Care Quality Standards,²⁸ including the following:

- **Standard 1. The Individual. Outcome 1.1: Person-centred care.** Action 1.1.2(e): The provider must implement strategies to deliver funded aged care services that are culturally safe, trauma aware and healing informed, in accordance with contemporary, evidence-based practice
- **Standard 2. The Organisation. Outcome 2.9: Human resource management.** Action 2.9.6(b): All aged care workers regularly receive competency-based training in relation to core matters, at a minimum: culturally safe, trauma aware and healing-informed care

¹⁹ opalinstitute.org/margarita

²⁰ https://www.nsvrc.org/sites/default/files/Elder_Sexual_Assault_Technical-Assistance-Manual.pdf

²¹ <https://agedcare.royalcommission.gov.au/publications/final-report>

²² <https://www.agedcarequality.gov.au/consumers/serious-incident-response-scheme#compulsory%20reporting>

²³ <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

²⁴ https://www.agedcarequality.gov.au/sites/default/files/media/sirs_unlawful_sexual_contact_or_inappropriate_sexual_conduct_fact_sheet_1.pdf

²⁵ <https://www.agedcarequality.gov.au/workers/aged-care-code-conduct/aged-care-code-conduct>

²⁶ <https://www.legislation.gov.au/C2024A00104/latest/text>

²⁷ *ibid*

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

- **Standard 3. The Care and Services. Outcome 3.2: Delivery of funded aged care services.** Action 3.2.1: Individuals receive culturally safe, trauma aware and healing informed funded aged care services.

In addition to these reforms, the Australian Government Department of Health, Disability and Ageing funded the Ready to Listen project, outlined in the following section.

This resource has been developed for staff to promote a better understanding of sexual assault as trauma – and how to provide trauma-aware services for older people.

The #ReadyToListen project

This resource was developed as part of the #ReadyToListen project, to improve responses to and prevent sexual assault in residential aged care. Being #ReadyToListen is about understanding the risk of sexual assault, knowing the indicators, believing those who disclose, acknowledging impacts, providing support and taking proactive steps to protect residents.

The project was funded by the Australian Government Department of Health and was delivered by the Older Persons Advocacy Network (OPAN), in partnership with Celebrate Ageing Ltd and the Older Women's Network, New South Wales.

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

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

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

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

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

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

An understanding of the traumatising nature of sexual assault is critical for all staff to improve responses to and prevent sexual assault. Trauma-informed approaches also provide an important opportunity to support staff and other older people living in aged care, who are traumatised when an older person is sexually assaulted.

About this resource

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

The resource then shares the perspectives on trauma from a person living with dementia and a staff member, in their own words. These perspectives illustrate the importance of a trauma-informed approach.

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

Understanding trauma

A degree of psychological distress is very common in following a traumatic event and is a normal response.²⁹ Traumatized people are likely to experience emotional upset, increased anxiety, sleep and appetite disturbance. They may also experience fear, sadness, guilt, or anger. For most people, these symptoms diminish. However, for others, symptoms persist and develop into acute stress disorders or Post Traumatic Stress Disorder.

Post Traumatic Stress Disorder (PTSD) often involves re-experiencing symptoms of trauma.³⁰ Symptoms can include intrusive and unwanted thoughts and images of a traumatic event, and distressing dreams. It can also include flashbacks, which are so real that people feel they are re-experiencing the traumatic event.

Trauma is sometimes referred to as complex. This is when an individual has either experienced repeated instances of the same type of trauma or has experienced multiple types of trauma.³¹ Complex trauma can include childhood or adult trauma, including sexual assault or violence in the home, family, and workplace, or violence in communities, such as civil unrest, war or refugee trauma.³² It is reasonable to anticipate that many older people will experience complex trauma because of the increased likelihood of trauma over time.

Trauma is also sometimes referred to as vicarious, or secondary trauma. Vicarious trauma can be experienced by people who are exposed to traumatic events, whether through witnessing or hearing about them, or directly experiencing danger.³³ Vicarious trauma can be experienced by staff and anyone who has compassionate engagement with trauma survivors.

Sexual assault of older people as trauma

Post-traumatic stress disorder is a typical response to sexual assault, and women who have experienced sexual violence may comprise the single largest group of people affected by PTSD.³⁴ Problems experienced by victims/survivors include flashbacks, distressing dreams, palpitations, sweating, breathing difficulties, hypervigilance, sleep problems, eating difficulties, mistrust of others, shame, guilt and depression.³⁵

While the traumatic impacts of sexual assault are relatively well understood in the broader community, this is not the case in residential aged care. One study found that in 58% of sexual assaults in residential aged care, staff reported there were no negative impacts on the victim/survivor.³⁶ This is starkly at odds with the research on the impacts of sexual assault in residential aged care.

²⁹<https://www.phoenixaustralia.org/wp-content/uploads/2021/01/Chapter-2-Trauma-and-trauma-reactions.pdf>

³⁰ Ibid

³¹ <https://www.quilford.com/books/Traumatic-Stress/Kolk-McFarlane-Weisaeth/9781572304574>

³² <https://blueknot.org.au/resources/understanding-trauma-and-abuse/what-is-complex-trauma/>

³³ <https://www.rape-dvservices.org.au/resources/for-psychologists-and-counsellors/about-vicarious-trauma>

³⁴ <https://aifs.gov.au/publications/impacts-sexual-assault-women>

³⁵ <https://www.phoenixaustralia.org/wp-content/uploads/2020/07/Chapter-9-8.-Sexual-assault-1.pdf>

³⁶ <https://www.health.gov.au/resources/publications/prevalence-study-for-a-serious-incident-response-scheme-sirs>

The belief that sexual assault has no negative impacts on older people may be embedded in ageist, ableist and sexist beliefs that older people don't matter, don't hurt and/or will not remember. These myths are compounded by the fact that most victims/survivors of sexual assault in aged care are people living with dementia,³⁷ who have limited capacity to disclose sexual assault or describe the impacts on them.

The markers of trauma are more likely to be behavioural cues, rather than verbal disclosures,³⁸ and may be dismissed as a decline or shift in the older person's health.

In sharp contrast to the myth that sexual assault of people living in residential aged care has no negative impacts, the evidence demonstrates sexual assault can be devastating. There is a decrease in quality of older women's lives,³⁹ and high rates of mortality.⁴⁰

Up to 57% of victims/survivors experience symptoms of PTSD including anxiety and intense fear of future attacks.⁴¹ Older people may be particularly likely to experience PTSD, due to a reduction in physical and mental resilience that decreases their ability to deflect trauma-related memories and feelings.^{42,43}

There is also evidence that PTSD may be protracted⁴⁴ and can lead to depression, anxiety, irritability, hallucinations and delusions.⁴⁵ Older people with PTSD are also at significantly higher risk of developing other mental health problems, particularly depression and anxiety - and misdiagnosis often occurs.⁴⁶

The belief that older people and people living with dementia do not experience PTSD, is a myth that must be challenged. In most cases, dementia does not have a debilitating effect on the endocrine system or the physiologic stimuli and responses that the endocrine system produces.⁴⁷ In other words, people with dementia still experience stress responses and release stress hormones in response to trauma. Dementia has no impact on whether a traumatic event will cause suffering.⁴⁸

It is a distorted logic to suggest that a person who has no memory of a traumatic event, has not suffered.⁴⁹ Similarly, it is a distorted logic to suggest that a person who cannot communicate their suffering, has not suffered.

For some staff and family members, responses that minimise the harm of sexual assault may be a response to their own trauma – rather than a reflection on the trauma experienced by the victim/survivor. It can be very difficult for caring families

³⁷ <https://pubmed.ncbi.nlm.nih.gov/28402419/>

³⁸ <https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

³⁹ <https://pubmed.ncbi.nlm.nih.gov/16205414/>

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² <https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

⁴³ <https://www.phoenixaustralia.org/wp-content/uploads/2020/07/Chapter-9-6.-PTSD-in-older-people-1.pdf>

⁴⁴ <https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

⁴⁵ https://www.phoenixaustralia.org/wp-content/uploads/2020/11/Slides_Identifying-and-managing-trauma-within-the-Aged-Care-Sector.pdf

⁴⁶ <https://www.phoenixaustralia.org/wp-content/uploads/2020/07/Chapter-9-6.-PTSD-in-older-people-1.pdf>

⁴⁷ <https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

⁴⁸ Ibid.

⁴⁹ Ibid.

and staff to accept that the older person has been sexually assaulted, and this may be reflected in responses that minimise the harm by suggesting ‘at least she won’t remember’.

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

Trauma and staff

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

For others, sexual assault of an older person can raise feelings of guilt at not having protected the victim/survivor, particularly if the perpetrator is a colleague.⁵⁰

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

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

Principles of Trauma-Informed Residential Aged Care

In the broader community, trauma-informed practice is understood to be best practice in supporting victims/survivors of sexual assault. Trauma-informed practice creates safer spaces by recognising the effects of trauma on health and behaviour.⁵¹ It also seeks to prevent re-traumatisation and to promote recovery.⁵² This approach can support victims/survivors to recover from sexual assault by the following:^{53,54}

- Ensuring that victims/survivors are heard, believed and validated⁵⁵

⁵⁰ <https://www.opalinstitute.org/uploads/1/5/3/9/15399992/researchreport.pdf>

⁵¹ <https://www.anrows.org.au/publication/implementing-trauma-informed-systems-of-care-in-health-settings-the-with-study-state-of-knowledge-paper/>

⁵² <https://noviolence.org.au/wp-content/uploads/2020/05/Trauma-Practice-Paper-FINAL-002.pdf>

⁵³ <https://www.anrows.org.au/publication/implementing-trauma-informed-systems-of-care-in-health-settings-the-with-study-state-of-knowledge-paper/>

⁵⁴ <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>

⁵⁵ <https://www.anrows.org.au/publication/womens-input-into-a-trauma-informed-systems-model-of-care-in-health-settings-the-with-study-final-report/>

- Understanding that minimising or downplaying the sexual assault can lead to victim hopelessness, self-blame, loss of trust, impaired capacity to communicate, disempowerment, depressive symptoms, self-harm and suicidal ideation
- Understanding how sexual assault impacts on the lives of victims/survivors
- Understanding the importance of choices and control for victims/survivors
- Promoting dignity and respect as central to wellbeing.

Trauma-informed practice is also important for staff. It can assist in supporting staff when sexual assault occurs. It can help by providing a more amenable and safer workplace and enabling staff to better support victims/survivors and other older people living in the aged care home.

In the following section we outline the principles of the #ReadyToListen Framework for TIRAC, beginning by listing the principles in Table 1 below.

Table 1: The Five Principles of Trauma-Informed Residential Aged Care

Principle	Description
1. Safety	Consulting the victim/survivor to ensure the organisation provides a safe and comfortable environment; and that they feel safe
2. Choices	Promoting victim/survivor choices about care, support, advocacy services, sexual assault services, reporting, and choice of carers
3. Collaboration	Engaging the victim/survivor in the development, delivery and evaluation of their care
4. Trustworthiness	Ensuring the organisation's clinical governance framework promotes open disclosure about sexual assault including providing an apology, explaining what went wrong, listening to the victim/survivor and outlining the strategies the organisation will take to prevent further sexual assault. The organisation also commits to strategies identified to promote the victim/survivor safety.
5. Empowerment	Supporting the victim/survivor to exercise choice and independence, to manage their day-to-day life and promote quality of life and providing support for their emotional, spiritual and psychological wellbeing.

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

Table 2: Applying Principles to Victims/survivors and staff

Principle	Victims/Survivors	Staff
1. Safety	<ul style="list-style-type: none"> • Older people’s physical and emotional safety is assured • Older people believe the service is safe • Older people feel safe from sexual assault 	<ul style="list-style-type: none"> • Staff safety concerns are heard by management. • Staff feel safe at work. • Staff suggestions for preventing sexual assault are heard.
2. Choice	<ul style="list-style-type: none"> • Older people’s choices are maximised to increase the control they have over their lives • Older people feel they have control of their care and their life • Older people are provided with the Charter of Sexual Rights & Responsibilities 	<ul style="list-style-type: none"> • Staffing levels enable staff to offer older people choices. • Staff education covers the importance of older people’s choice and control. • Staff are educated on the Charter of Sexual Rights and Responsibilities
3. Collaboration	<ul style="list-style-type: none"> • Older people’s feedback is sought to evaluate and improve their care • Older people have meaningful roles in evaluating and improving the services provided 	<ul style="list-style-type: none"> • Staff have meaningful roles in evaluating and improving the service • Staff feedback is sought following sexual assault to identify strategies for prevention
4. Trustworthiness	<ul style="list-style-type: none"> • Older people know staff are listening and are responsive. • There are clear guidelines for sexual consent. • There are clear sexual boundaries between older people and staff – consistent with the Aged Care Code of Conduct • Older people who disclose sexual assault are believed 	<ul style="list-style-type: none"> • Staff have clear sexual boundaries with residents and with each other. • Staff education is provided on sexual boundaries. • Staff believe older people who disclose sexual assault and take steps to promote support and prevention.
5. Empowerment	<ul style="list-style-type: none"> • Older people are supported • Older people feel heard validated and affirmed • Older people are invited to discuss the Charter of Sexual Rights and Responsibilities. 	<ul style="list-style-type: none"> • Staff are encouraged to identify their needs • Staff are heard, validated and affirmed.

Applying the principles

Providing trauma-informed services is about applying the principles of trauma-informed care every day – to build trauma-informed care as a cultural norm. This section of the resource identifies practical strategies to implement the principles - everyday and then following the disclosure of sexual assault.

Strategies for everyday

Five broad strategies to help build a culture of TIRAC have been identified, namely, leadership, person-centred care, staff support, information provision and education of staff. These strategies are depicted in Figure 1 below and outlined on the following pages in more detail.

Figure 1: Applying trauma-informed principles - everyday



Strategy 1: Leadership

Leadership is required to embed TIRAC into organisational systems and to communicate the vision for TIRAC by modelling respect for and listening to older people and staff. Leaders who espouse and demonstrate their commitment⁵⁶ are best placed to build a culture of TIRAC and create a community of recovery for older people and staff. Six strategies for team leaders are outlined below.

Leadership strategy 1.1: developing policy

⁵⁶ <http://www.aral.com.au/resources/argyris.html>

Develop a sexual assault policy covering all elements of the #ReadyToListen MAP,⁵⁷ or incorporating sexual assault into the existing incident management system. Ensure the policy outlines the vision for TIRAC and the strategies for achieving it.

Leadership strategy 1.2: communicating vision

Work with staff to document a shared vision for TIRAC, including what you are trying to achieve and why it matters. Communicate the vision to all stakeholders, to increase their commitment to the cultural changes required.⁵⁸

Leadership strategy 1.3: delivering education

Provide education for all team members to create the sense of urgency required to build momentum for change,⁵⁹ and to increase staff knowledge, confidence and levels of comfort in responding to and preventing sexual assault. Education will assist staff to understand the impacts of their own values and beliefs on workplace culture and service delivery. Education will also acknowledge the role cognitive dissonance plays in denial of sexual assault and minimising impacts (see section on education and cognitive dissonance on following pages).

Leadership strategy 1.4: sharing information

Make the #ReadyToListen *Charter of Sexual Rights and Responsibilities in Residential Aged Care* and other #ReadyToListen resources available for older people, families and staff.

Leadership strategy 1.5: building partnerships

Build support for older people, families and staff by contacting local sexual assault services and the state/territory based aged care advocacy service and asking them to deliver education for staff.

Leadership strategy 1.6: modelling respect

Demonstrate respect for staff, including listening to and being responsive to their concerns. This can help to demonstrate to staff the respect they are being asked to provide to older people.

Organisational leaders who empower and support staff are well placed to retain valued employees. This in turn will improve the care of older people and decrease costs associated with use of casual or agency staff and the recruitment/orientation of new staff.

Strategy 2: Person-centred care

The Strengthened Aged Care Standards, 2025,⁶⁰ outline the rights of older people to be treated with dignity and respect, to have their privacy respected (Standard 1.2), to exercise choice and make decisions about their care and services (Standard 1.3). And the importance of staff building trusting relationships with older people (Standard 1.1). These rights form the foundation of TIRAC's practical strategies for person-centred care.

⁵⁷ <https://opan.org.au/training/ready-to-listen/>

⁵⁸ <https://hbr.org/1995/05/leading-change-why-transformation-efforts-fail-2>

⁵⁹ Ibid.

⁶⁰ <https://www.agedcarequality.gov.au/providers/quality-standards/strengthened-aged-care-quality-standards>

In the context of trauma-informed services, promoting dignity and respect is achieved by providing care and services that are responsive to the older person's trauma. Older people are given choices about their care, to ensure they are not retraumatized and to promote their recovery from trauma.

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

Person-centred care strategy 2.1: promoting listening

Strategies to improve listening to older people have been outlined by 97-year-old, Margarita Solis.⁶¹ Drawing on her nursing expertise, Margarita became an advocate for preventing sexual assault of older women, following her sexual assault in a seniors' rental service at age 95. Margarita's #SheToo principles for listening to older women are adapted in Table 3 below, to encompass all older people:

Table 3: Margarita Solis's Principles for Listening

No	Principle
1	Use your eyes to listen as well as your ears. Don't just hear. You also need to notice signs if an older person is not their usual happy self, or is not well
2	Check in and ask: "Are you alright?" And if they say: "I'm fine thank you", check in again later and say: "You don't look like your usual self, you don't seem to be happy. Is there anything you want to talk to me about? Can I help you in some way?"
3	Show an interest. If an older person knows that you care, they will feel safer to tell you how they are actually feeling
4	Be respectful of older people, don't poke fun at them because they will think you won't be interested in listening to them [and that] they are somehow not worthy, or you just won't believe them
5	Make sure your language is never ageist or mocking of any older people
6	Make sure the older person knows they are in the driver's seat, that you are there to listen and help if they want help. Give them permission to talk about sexual assault
7	Your actions, as you are listening, can clearly communicate to an older person that you don't believe them. You must always believe that they are telling you the truth, until it is proved otherwise!
8	Some older people have told someone they have been sexually assaulted and have not been believed. This can make them reluctant to tell anyone else. But if you are encouraging, they might trust you to talk about what has been happening to them
9	Some older people feel ashamed of sexual assault and blame themselves or are worried that others will blame them. Tell older people it's not their fault. That is essential

⁶¹ opalinstitute.org/margarita

10	Just because we are older people, we are NOT stupid. Don't underestimate the intelligence or the resilience of older people. Talk to them and get to know them. They should not be relegated, but treated with respect for their intelligence, life experiences, and their education more generally.
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Across the research there is evidence that 'listening with your eyes' matters because most victims/survivors of are frail older women with dementia who may not be able to communicate verbally. In these cases, using your eyes will help to identify the most common sign of sexual assault – changes in victim/survivor behaviour.

It may be useful to read Margarita's principles at a team meeting/education session and then ask team members: *why do good listening skills matter in preventing sexual assault and what makes effective listening?*

Person-centred care strategy 2.3: building trust

The SIRS guidelines note that staff are expected to engage with consumers appropriately and respectfully, and to maintain professional boundaries.⁶² Communicating these professional boundaries is important to ensure older people trust staff and feel safe. Strategies to promote trust and build safety include:

- Ask the older person if they feel safe – and if they do not feel safe, ask what they need to feel safe and ensure those needs are met where possible and appropriate
- Ask permission to assist an older person with activities of daily living e.g. for assistance with showering: ask for permission before you begin, update them as you progress e.g. now I am going to wash your back etc, check in how they are going e.g. is this ok?
- Ask permission to change or check a continence pad or bedding before you do it, and always wait to ensure the older person has heard you before making physical contact with them
- If an older person is unable to communicate verbally, it is still important to let them know what you are doing - before you do it
- If you are undertaking intimate care at night, turn the light on first to ensure the older person knows you are there, and knows what you are doing
- Give the older person the option to nominate a female or known and trusted staff member for intimate and other care
- Give the older person the option to have a family member present for complex or intimate care if they wish.

⁶² <https://www.agedcarequality.gov.au/resource-library/serious-incident-response-scheme-guidelines-residential-aged-care-providers>

Person-centred care strategy 2.3: empowering decisions

Older people need to be supported to exercise choice and make decisions when they want or need it.⁶³ This support can help older people to feel empowered. There are many ways to achieve this, such as:

- Referring to the older person by their preferred name
- Where the older person is capable of directing their care, respond to the needs articulated by them, rather than their family
- Wherever possible give the older person choices about their care and daily life, respectfully check what they want
- Ask the older person how they are feeling and what they need; and wherever possible and appropriate, meet the need.

Person-centred care strategy 2.4: respecting privacy

Respecting the privacy of older people is particularly important in the communal living context of residential aged care. Respecting privacy every day can help to promote the dignity of older people and demonstrate respect. There are many ways to achieve this, such as:

- Knocking and waiting for permission before entering an older person's room
- Refraining from discussing an older person's care needs with other older people or families without their permission
- Checking with the older person if you are unsure of their privacy needs.

Strategy 3: Staff support

Developing TIRAC can improve outcomes for older people and support the overall well-being of the aged care workforce. Trauma from sexual assault can result in withdrawal, feelings of distrust, shame, and loss of self-esteem.⁶⁴ Staff who experience vicarious, or secondary trauma, need to feel safety and trust.⁶⁵

If staff are not supported, they may have difficulty responding appropriately to older people's feelings and needs.⁶⁶ They may also leave the organisation. Trauma-informed services can assist in building a sense of community in residential aged care and assist in recovery.⁶⁷ Strategies for team leaders to support staff include:

- Check in on colleagues each day and ask them how they are doing
- If staff ask for something – deliver it or let them know why you can't
- Build trust – listen to staff and be responsive to their needs
- Facilitate regular team meetings and invite staff to identify what the service is doing well and what needs to be improved
- Place information about Employee Assistance Program (EAP) in places where staff can access without having to ask for it
- Affirm staff who raise concerns about sexual assault and respond to their concerns

⁶³ <https://www.agedcarequality.gov.au/providers/quality-standards/strengthened-aged-care-quality-standards>

⁶⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4151928/>

⁶⁵ <https://psycnet.apa.org/record/2004-11161-005>

⁶⁶ <https://onlinelibrary.wiley.com/doi/10.1002/jclp.10090>

⁶⁷ https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

- Recognise the difficulty for many staff to acknowledge that sexual assault of older people occurs, particularly when it is perpetrated by a colleague
- Remind staff that it can be difficult to talk about sexual assault and that sexual assault won't stop until we talk about it
- Provide education for all staff
- Remind staff that building a trauma-informed service is a collective effort.

Strategies for aged care worker support, such as counselling, need to bear in mind any limits to the number of sessions available through EAP and low income of staff – which may be a barrier to accessing unsubsidised counselling.

Strategy 4: Information provision

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

- Information for victim/survivors
- Information for families
- The Charter of Resident Sexual Rights and Responsibilities

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

Strategy 5: Education of staff

Education is necessary to build understanding of the prevalence of trauma, the impacts on victim/survivors and the workforce; and strategies for responding.⁶⁸ A trauma-informed workforce is a workforce that is prepared to work with people who experience trauma.⁶⁹ A failure to ensure staff are trauma-informed can further traumatise older people and harm staff.⁷⁰

In the following section we outline suggestions for what education needs to be delivered, when and how to deliver it – and the role of education in building TIRAC as a cultural norm.

Education strategy 5.1: what to include in education

Education for staff needs to outline key elements of sexual assault in residential aged care, principles of trauma-informed practice and strategies for listening as follows:

- The 10 elements of the #ReadyToListen MAP⁷¹
- Strategies for listening to older victim/survivors
- An understanding of the role of culture in TIRAC (see following page)

⁶⁸ https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

⁶⁹ https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816_litreview.pdf

⁷⁰ <https://psycnet.apa.org/record/2010-21232-000>

⁷¹ <https://media.accessiblecms.com.au/uploads/opan/2022/06/MAPguidelinesFINAL.pdf>

- Details of employee assistance programs and other strategies to promote well-being.

Education strategy 5.2: when to provide education

Education for staff needs to be more than a one off and needs to be mandatory for all staff, rather than just the early adopters.⁷² Suggestions include the following:

- Make education mandatory
- Update annually
- Provide education following sexual assault disclosures.

Education strategy 5.3: how to deliver education

Creative approaches to the delivery of education can help to ensure that learning and improvements occur continuously. Suggestions include:

- The #ReadyToListen free, [online Module for residential aged care](#)
- Presentation of facts – followed by discussion
- Debriefing following sexual assault disclosures
- Debriefing following ‘near misses’
- Inviting local sexual assault services to provide information
- Team discussion about older people’s sexual activity and expression
- Responding to complaints
- Displaying posters in staff rooms.

Education strategy 5.4: understanding the role of culture

Building a trauma-informed culture in residential aged care requires an understanding of what culture is and how building a culture of TIRAC can help to prevent sexual assault. To assist this understanding, the following section presents three tables exploring the journey to building a culture of TIRAC – from understanding the cultural values and beliefs of individual staff, to identifying the collective organisational culture, and building a trauma-informed culture. Each table includes a summary statement and questions for discussion.

Table 4: Discussion Topic #1. Understanding individual cultures

Summary statement	Culture is something we all have. It influences the way we live our lives. It is shaped by our experiences – or our history. Culture informs the values, beliefs and behaviours of individual staff.
Questions for discussion	<ul style="list-style-type: none"> • What are your personal values and beliefs about older people’s sexual rights? • What are your personal beliefs about the sexual assault of older people? • What do you think your responsibilities are related to the sexual rights of older people? • What do you think your responsibilities are related to the sexual assault of older people?

⁷² https://books.google.com.au/books?id=9U1K5LjUOwEC&printsec=frontcover&redir_esc=y#v=onepage&q&f=false

Table 5: Discussion Topic #2. Identifying the organisational culture

Summary statement	Cultures are not accidental. They are shaped by the experiences we have; and the people around us - particularly our leaders. Most aged care homes have their own distinct culture; or a set of commonly held values, beliefs and behaviours that are considered acceptable.
Questions for discussion	<ul style="list-style-type: none">• What is the culture of our aged care home in relation to sexual rights?• What is the culture of our aged care home in relation to sexual assault?• If an older person has been sexually assaulted – how does (or how would) our aged care home support the victim/survivor, other older people, and staff?

Table 6: Discussion Topic #3. Building a trauma-informed culture

Summary statement	Cultures can be changed. Trauma-informed residential aged care is about creating a culture that understands the harmful impacts of sexual assault on older people, families and staff. It is also focused on providing an environment that listens to and is supportive, valuing and respectful of older people, staff and families.
Questions for discussion	<ul style="list-style-type: none">• How can our aged care home improve listening, support, valuing and respect for older people and staff?• How do we communicate a shared vision for listening, support, valuing and respect – to all staff, older people and family members?• How can we improve our responses to disclosure of sexual assault?

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

Strategies following sexual assault

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

These following strategies for support sit alongside the other safety and support strategies outlined in the #ReadyToListen MAP guidelines.⁷³

Strategy 1: Supporting victims/survivors (and their family)

1. Read and implement the #ReadyToListen MAP guidelines on support⁷⁴
2. Ask the victim/survivor what they need and ask if there is a support person you can contact for them
3. Offer the victim/survivor access to an OPAN advocate and ask if you can assist them to make the initial contact
4. Offer the victim/survivor information about sexual assault services and ask if you can assist them to make contact to set up counselling sessions
5. Provide the victim/survivor with the #ReadyToListen Guidelines for Older People⁷⁵
6. Provide any family members with the #ReadyToListen Guidelines for Families⁷⁶

Strategy 2: Supporting other older people

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

⁷³ <https://open.org.au/ready-to-listen/#map-guidelines>
<https://open.org.au/ready-to-listen/#map-guidelines>

⁷⁵ <https://open.org.au/training/ready-to-listen/>

⁷⁶ Information for families: <https://open.org.au/training/ready-to-listen/#clarifying-rights-and-consent>

Strategy 3: Supporting staff - general strategies

1. Support for staff needs to include the whole team and the messages need to be tailored to each group e.g.
 - a. Frontline workers, team leaders and managers
 - b. Activities staff
 - c. Receptionists and admin staff
 - d. Board members
 - e. Volunteers (where appropriate)
2. Providing support to the Board can be critical in helping to reassure the Board about strategies for safety and risk reduction. It can also assist the Board to transition from concerns about adverse publicity to an understanding that they have a role to play in reducing risk by creating a culture of safety, support and prevention
3. Implement the *#ReadyToListen Open Disclosure Framework for Sexual Assault in Residential Aged Care*⁷⁷ to identify what happened and how to support victims/survivors and prevent further sexual assaults
4. Host a team debriefing meeting (you may need to meet with groups of staff separately)
5. Check how staff are feeling and what they need
6. Respond to staff needs by providing support
7. Offer staff access to the Employee Assistance Program; provide information about the program in a place where all staff can access it without having to ask for it. Remind staff that their access to the program is confidential (if it is)
8. Ask staff how they are going in their interactions with older people, and particularly the victim/survivor and their family
9. Build trust – if you say you are going to put supports in place, ensure you do and that you let staff know that you have
10. Validate what staff are feeling – encourage them to respect the issues, concerns and emotions that other staff express in debriefings (see strategies for cognitive dissonance in the following section)
11. Check in with team members after meetings, either individually or through a second debriefing meeting.

Strategy 4: Managing cognitive dissonance

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

Most people do not want to believe that older people are sexually assaulted, and many people do not want to talk about it. But that won't make sexual assault stop –

⁷⁷ Open Disclosure Framework: <https://open.org.au/ready-to-listen/#open-disclosure>

in fact - the silence enables sexual assault to continue. We need to talk about sexual assault to provide TIRAC and to stop sexual assault.

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

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

1. What cognitive dissonance is

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

2. How cognitive dissonance manifests

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

- Denial: he wouldn't do that, she must be confused (have a UTI, be remembering a childhood sexual assault, have dementia, be confusing clinical care), she is fantasising
- Minimising: she won't remember, at least she wasn't raped, sexual assault has no impact on older women, this is normal for people living with dementia

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

3. What cognitive dissonance does

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

By changing the story (in their heads) they are reducing the distress or discomfort they feel. They may think sexual assault should not happen to older people and so they tell themselves it didn't happen. Cognitive dissonance is a significant barrier to supporting the victim/survivor and to preventing further sexual assaults.

4. How to reduce cognitive dissonance

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

- Validate staff feelings: let staff know you have empathy for the difficulty they are experiencing e.g. this must be difficult for you to hear
- Acknowledge your discomfort: let staff know you are also finding it difficult e.g. I know sexual assault happens, but it's just so hard to hear and I believe it, but I don't want to believe it
- Check support needs: ask staff how they are doing and offer supports such as Employee Assistance Program (EAP), or time off or whatever support can be provided. Asking staff how they are doing and responding to any requests they have can be a powerful way of providing staff support
- Recognise the power to create change: remind staff that they are not powerless, in fact they have the power to prevent sexual assault. They have choices in responding, and the choice of action, rather than silence, can help to prevent sexual assault
- Establish shared aims and a plan: ask staff what they think the team can do to prevent further sexual assault. Make a plan for the victim/survivor and for the service more broadly.
- Implement and evaluate the plan: implement the plan, schedule check ins with staff to get their feedback on effectiveness of the plan. This level of responsiveness to the shared plan communicates empathy and will help to build staff' trust in the service and their safety talking about sexual assault
- Thank staff: thanking staff for reporting and prevention can help to communicate that what they have done is important and valued.

5. Proactive support

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

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

Perspectives of an older person and service provider

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

Intimacy, Consent and Dementia, Theresa Flavin

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

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

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

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

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

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

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

This of course is much better than just saying I don't remember, or just living my life in the recommended passive state where I look out at the world through the window and relive the good old days. But this other way of living can also be unreliable. You can understand that the feelings I have, like most people, were learned in my childhood and are not necessarily logical or based on fact. For example, a smell of cabbage will induce childhood memories of revulsion. A smell of seafood will induce nausea as my body remembers being forced to take cod liver oil as a young child.

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

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

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

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

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

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

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

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

To say that there are no negative effects of sexual assault, is really saying that the victim is not displaying the emotions you expect to your satisfaction. This is unacceptable. There is no other disability where this lack of education would be tolerated. There is always harm from sexual assault, and we should not have to be giving you behavioural clues, we expect you to have the education and professionalism to already know this.

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

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

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

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

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

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

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

No one hearing me - no one hearing them.

Antonia, Staff member

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

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

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

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

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

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

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

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

And when I moved to another aged care home, I saw it happen again. I feel so responsible. I feel like no one is listening and so they are not protecting the older person. So, every shift, the first thing I do is check she is ok. We have management strategies to help prevent sexual assault and some staff don't know about them, and

some staff don't do them. So, I feel responsible to protect her. I check as often as I can. But it's not just my responsibility, it needs to be all staff.

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

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

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

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

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

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

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

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

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

Staff need the same thing. They need someone to listen and validate their concerns and follow up with them. We are being smashed with things we have to do – and we are reporting incidents like sexual assault and that's where it ends. We are doing our part, and it stops there. Ooooh!!! It's awful. It's so frustrating. It's just exhausting. It's

so difficult trying to think of how to make sure an incident gets escalated, so something gets done. I can't walk away from that. I find it really exhausting.

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

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

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

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

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

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

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

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

You are a nurse you have got to care for 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.

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

Further resources and supports

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

The Older Persons Advocacy Network (OPAN)

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

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

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

1800RESPECT

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

1800FULLSTOP

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

The Aged Care Quality and Safety Commission

The Commission assesses the quality of care and services in residential aged care and manage the Serious Incident Response Scheme or SIRS (all sexual assault must be reported to SIRS within 24 hours). You can contact the Commission to

make a complaint about your sexual assault or the way it was managed. Call: 1800 951 822 (9am-5pm, Monday to Friday) or check their website here: <https://www.agedcarequality.gov.au/>