

READY TO LISTEN

Sexual assault in residential aged care Immediate responses checklist

This checklist was developed to guide residential aged care service providers on immediate actions to be taken when a sexual assault is witnessed or alleged.

A summary of the 10 key actions is outlined below and they are described over the following pages. The actions are:

1. Start by believing
2. Secure the resident's safety immediately
3. Seek medical attention
4. Contact the Police
5. Report sexual assault to the Serious Incident Response Scheme
6. Access sexual assault services
7. Access an OPAN aged care advocate
8. Contact the DBMAS (if perpetrator has dementia)
9. Access Family Violence Services (if perpetrator is a family member)
10. Provide details for the Aged Care Quality and Safety Commission if resident and family wish to make a complaint.

The #ReadyToListen project

This resource was developed for the #ReadyToListen project – which is building the skills and capacity of residential aged care service providers to better respond to and prevent the sexual assault.

The project is funded by the Department of Health and is delivered by the Older Person's Advocacy Network, in partnership with Celebrate Ageing and the Older Women's Network, New South Wales.

More resources on #ReadyToListen website: opalinstitute.org/readytolisten



Immediate responses

The responses outlined here focus on understanding the resident's experience and responding to their needs. We also recognise that some resident may not be able to articulate their needs and these decisions will be made by a family member or substitute decision maker.

1. Starting by believing

Some residents are not believed when they report sexual assault. This happens particularly when the alleged perpetrator is a valued staff member, or the resident has dementia. In these cases, staff may mistakenly dismiss reports of sexual assault as an indication the resident is unwell, or has confused intimate care with sexual assault, or is remembering childhood sexual assault.

Practice the World Health Organisation's LIVES approach to responding to victims of sexual assault:

- Listen closely, with empathy, not judging
- Inquire about the victim's needs and concerns: assess and respond to the victims needs and concerns – emotional, physical, social and practical
- Validate: show the victim you believe and understand them
- Enhance safety: discuss with the victim how to protect them from further harm
- Support: help the victim connect to support services

2. Securing immediate safety

Take immediate action to secure the resident's safety and prevent further sexual assault. Separate the victim from the alleged perpetrator. Check whether the resident would like a support person (such as family) notified.

Check what the resident or substitute decision maker needs to feel safe. Facilitate a staff meeting to identify strategies to promote resident safety.

3. Seeking medical attention

Ensure the resident receives immediate medical attention - if emergency call 000 (triple zero) to arrange an ambulance. If not an emergency, call the resident's GP. The GP will conduct an assessment to determine the physical and psychological impacts of the sexual assault and to identify care plan requirements.

If the GP is undertaking forensic examination, please liaise with Police so that the resident does not have to undergo two examinations.

4. Contacting the Police

The Police have a role to play in gathering forensic evidence, determining whether allegations will be pursued and holding perpetrators to account. Contacting the Police can result in police notes being documented - whether or not a perpetrator is charged and convicted.

It may be important that you preserve forensic evidence of the sexual assault. If the police have been contacted, you can maximise the successful collection of forensic evidence by:

- Asking the resident not to wash or shower until Police or forensic team have performed an examination
- Ask the resident to try not to use the toilet
- Do not wash clothing or bedding

Contact your local police immediately and ask what information they need from you. Please note there are specialist police sexual assault squads in Victoria and WA.

5. Reporting to the Serious Incident Response Scheme

All sexual assaults must be reported to the Serious Incident Response Scheme (SIRS); check the Aged Care Quality and Safety Commission's fact sheet on sexual assault for more details (see resources list on back page). Sexual assaults are a Priority 1 incident, based on the following:

- aged care service providers do not have the legal knowledge to determine whether sexual assault is of a 'criminal nature'; this is a matter for the Police and the Courts
- there is a significant body of research that sexual assault has negative physical and psychological impacts on residents. However, this evidence is not understood by many aged care service providers, particularly when the victim has dementia and is unable to articulate the impacts.
- Assessment of impacts needs to be undertaken by the resident's GP.

6. Accessing Sexual Assault Services

There is a myth that sexual assault and rape have no negative impacts on residents. On the contrary, research clearly shows the devastating physical and psychological impacts of sexual assault. Sexual assault services can provide counselling and support, even if the resident is unable to communicate.

Counselling and support may be able to be provided over the phone if the resident is unable to leave the residential aged care home.

Contact your local sexual assault service – or - if you don't know the name of your local service contact the National Sexual Assault, Domestic Family Violence Counselling Service **on** 1800 RESPECT (1800 737 732) and ask for the details of your closest service:

7. Accessing OPAN's Aged Care Advocates

Residents who have been sexually assaulted have the right to access an aged care advocate to advocate on their behalf. If a resident is unable to engage an advocate, a family member may do that on their behalf.

Contact the Older Persons Advocacy Network (OPAN) information and advice line on 1800 700 600 (6am - 10pm, 7 days) or check the website at: <https://opan.com.au/>

8. Contacting Dementia Behavior Management Services

If the sexual assault has been perpetrated by a resident with dementia, the Dementia Behaviour Management Support Service (DBMAS) can provide expertise, advice and short-term case management interventions - to help prevent further sexual assault.

Call Dementia Support Australia on 1800 699 799, available 24/7 to speak with a Dementia Consultant.

9. Accessing Family Violence Services

If the resident was sexually assaulted by a family member it may be useful to engage a Family Violence service. Contact 1800RESPECT (1800 737 732) the National Sexual Assault, Domestic Family Violence Counselling Service and ask for the details of your local service.

10. Making a complaint to the Aged Care Quality and Safety Commission

The Aged Care Quality and Safety Commission (ACQSC) can assist residents (or their family members) to make a complaint about sexual assault or the way the service responded to sexual assault.

Provide the resident (or family member) with the contact details for the Commission. Phone: 1800 951 822 (9am-5pm, Monday to Friday).

Useful resources

- Ready to listen resources: opalinstitute.org/readytolisten
- Aged Care Quality and Safety Commission's sexual assault fact sheet: <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>
- Older Person's Advocacy Network: <https://opan.org.au/>
- Margarita's story: opalinstitute.org/margarita

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