



Sandra's Story

My mother has always been someone who looked after other people. She was a helper. She loved talking to people and she would stand up for people. She had real principles of social justice; but she wouldn't have called it that. She would just stand up for what was right. She loved to exercise. She would swim a kilometer every day; it was one of her main passions. She taught all her family to swim and a lot of her friends as well. She loved cooking and going to a party with the best food.

Maybe mum's sense of justice was instilled in me. Maybe that is why I stepped out of my comfort zone and am sharing mum's story now.

Not long after mum was admitted to a residential aged care home, she reported that she had been raped. She reported this on multiple occasions over a week and the staff filled out a number of incident reports and called in their nurse practitioner, who then contacted us. We were asked to come into the aged care home for a family meeting. At the meeting, the facility manager said they wouldn't allocate any male carers to mum unless it was an emergency. They said they would keep the door of her room closed to *"improve her dignity and reduce male contact given current belief"* – which was that that she had been raped. The staff wondered if she has a urinary tract infection and was confused; a dip stick of her urine was all clear.

Male staff continued to provide care and mum became more and more agitated with them, referring to them as rapists. Her agitation got worse and she was causing disruption to other residents.

The residential manager reported that mum's *"hallucinations of rape"* at a family meeting. Mum became increasingly agitated and the staff called in her GP. She had bruising on her arms and staff told us that this was 'self-harm'.

The Dementia Behaviour Management Assessment Service (DBMAS) was contacted by staff to manage mum's agitation. They were not told about rape allegations.

A Geriatrician referral was made for a review of mum's medications and the Geriatrician noted the rape allegations and asked if allegations had any "background". The Geriatrician changed mum's medications but did not pursue the rape allegations.

The staff did not contact the Department of Health or the Police as part of their compulsory reporting requirements at this point.

We were not given information about sexual assault services to support mum or us.

The local Elder Abuse Service was not contacted.

The GP was called and wrote in mums care record that she had "ideas of being raped", but no action was recommended. Mum was prescribed haloperidol to treat her agitation. She was given a drug overdose; she had four doses of Risperidone, became psychotic and was admitted to a hospital psychiatric ward.

Mum was transferred to the local hospital for her "behavior" and treatment of her agitation. Her admission record noted that "polypharmacy is a significant issue" and staff wrote that she had

“delusions of being raped” and was “preoccupied with thoughts of sexual assault.” She was agitated on admission and was shackled by her ankles to her to a bed in the Emergency Department because she was so distressed. She was given more antipsychotic medication and the staff queried whether she might have a urinary tract infection. Six staff held her down to insert a urinary catheter for a urine sample. She was treated for a urinary tract infection.

We decided after mum's time in a psych ward we needed to give mum a break from institutional care. So Mum returned to her own home to live instead of returning to the aged care facility.

We called the Aged Care Quality and Safety Commission and they investigated. As a result of that investigation we received a letter from the aged care service, which said:

We apologise for not making the mandatory report in a timely manner [and that] as part of our continuous improvement program, following the complaint, all staff identified as not escalating the concerns has undertaken training on mandatory reporting of alleged and suspected assault.

But we lost faith in their care and made the decision to care for mum at home. We now have good support at home and mum is recovering and we are all recovering from the trauma.

A friend put me in contact with a retired senior police officer, who agreed to review mum's notes and make up a timeline of what occurred. He contacted the police on our behalf to ask them to investigate the possibility that mum had been sexually assaulted. We had copies of mum's records from the aged care service and noted that some references to rape had been removed; we wanted police to investigate that as well. The police said they would not investigate because mum had dementia. Not because of her cognition; but because of her diagnosis of dementia. I told them I thought that was outrageous. We got a copy of the police report and it refers to mum's 'rape fantasies'.

We have not yet resolved what happened. Was mum raped? We don't know. Did the staff, including GP, Geriatrician, Residential Manager, Nurse Practitioner, General Manager, Registered Nurses, and Care Assistants handle mum's allegations appropriately? No, they didn't. Mum's rape allegations were never heard. She was never believed. My regret is I was unaware of the signs of sexual assault – but it should not have been our responsibility to make sure that the responses were appropriate.