FACT SHEET 5

SEXUAL ASSAULT IN RESIDENTIAL AGED CARE

PRINCIPLE

Older women living in residential aged care experience some of the highest rates of sexual assault in Australia. Most victim-survivors are older women with cognitive impairment. These assaults are consistently under-recognised, under-reported, and poorly responded to due to entrenched ageism, inadequate training, system failures, and a profound lack of accountability.

CONSIDERATIONS

Sexual assault in residential aged care includes unlawful sexual contact, inappropriate sexual behaviour, coercion, and predatory behaviour by other residents, staff, visitors, family members, or external intruders.

Key issues include:

- The Royal Commission into Aged Care Quality and Safety estimated at least 50 sexual assaults occur each week in Australian aged care, with current ACQSC data still showing 40–50 reports weekly.
- Previous reporting exemptions for assaults by residents with cognitive impairment minimised the seriousness of harm, a problem compounded by language such as "inappropriate touching" and persistent ageist and ableist beliefs that residents with dementia are not harmed.
- Many aged care staff have received no formal training on sexuality, sexual rights, trauma, or responding to sexual assault. High staff turnover, reliance on agency workers, and chronic understaffing further undermine safety, while trauma-related behavioural changes are often misattributed to cognitive decline, delaying recognition and response.

National reforms include:

- Introduction of the Serious Incident Response Scheme (SIRS) requiring mandatory reporting of all sexual assaults within 24 hours.
- The Aged Care Code of Conduct (2022), requiring prevention and response to sexual misconduct.
- Development of the Ready to Listen project and MAP tool to support aged care providers to identify, prevent, and respond to sexual assault.
- ACQSC's Open Disclosure Framework outlining the need for transparent communication after incidents.

Despite these reforms, key ambiguities remain:

- What qualifies as "reasonable grounds" for police reporting
- When sexual assault is treated as clinical rather than criminal
- Inconsistent police responses and specialist pathways
- Limited access to victim-survivor advocacy

IMPLICATIONS

Current conditions create serious risks:

- Missed warning signs can lead to repeated assaults.
- Incidents may be minimised to protect organisational reputation.
- Staff cognitive dissonance can result in denial or inaction.
- Families may be excluded due to poor open-disclosure practices.
- Unrecognised trauma can cause escalating distress in people with dementia.

Aged care must be recognised as a high-risk setting requiring proactive sexual safety measures.

SUGGESTED STRATEGIES

- **Use the *Ready to Listen* MAP** to assess risk, create a plan, and implement organisational change.
- **Build relationships** with local sexual assault services for training and secondary consultation.
- **Provide mandatory training** for all staff (including agency workers) on sexual assault, trauma, and sexual rights of older people.
- **Implement Safety Plans** for victim-survivors, outlining consistent responses across all shifts.
- **Review environmental risks:** shared rooms, blind spots, inadequate night staffing.
- **Adopt strong open disclosure practices** and support families with clear communication.
- **Refer victim-survivors** to the Older Person's Advocacy Network (OPAN) for independent advocacy.
- **Ensure immediate reporting to police** where required, and support victim-survivors through the justice process.