Australian Multicultural Health Collaborative

Australian Multicultural Women's Alliance

Our cultures
Our languages
Our health

Feedback on the Draft Sexual Safety Framework for Residential Aged Care Providers

Joint Submission: Australian Multicultural Health Collaborative and Australian Multicultural Women's Alliance

AUGUST 2026

Contents

About

The **Australian Multicultural Health Collaborative** is the national multicultural health peak body. The Collaborative provides a national voice, leadership and advice on policy, research, data, and practice to improve access and equity, address systemic racism, and achieve better health and wellbeing outcomes for Australians from multicultural backgrounds. The Collaborative is representative and membership based. Members include consumers and carers, health services and wellbeing/social care services, practitioners, and researchers.

The **Australian Multicultural Women's Alliance** is Australia's national peak body for women from culturally and linguistically diverse (CALD) backgrounds and is one of five National Women's Alliances funded by the Australian Government Office for Women. AMWA operates as an initiative of the Federation of Ethnic Communities' Councils of Australia (FECCA), in partnership with Settlement Services International (SSI) and Media Diversity Australia. It advocates across five thematic pillars - Health, Gender-Based Violence, Paid and Unpaid Care, Economic Security and Skills Recognition, and Leadership and Representation -, bringing the lived experience of multicultural women into national policy reform. AMWA's members include multicultural women, community organisations and other cross-sector organisations as well as allies.

Introduction

The Australian Multicultural Health Collaborative (the Collaborative) and the Australian Multicultural Women's Alliance (AMWA) welcome this opportunity to provide feedback on the Aged Care Quality and Safety Commission's *Draft Sexual Safety Framework for Residential Aged Care Providers (Framework)*.

We are particularly supportive of its recognition that older people retain their rights to intimate and sexual relationships, privacy, autonomy and supported decision-making; that cognitive impairment must not be used to dismiss sexual abuse allegations or the impact of trauma; and that prevention, early intervention and a trained workforce are all essential to ensure older people's rights are protected in residential aged care. We also acknowledge that the Framework is the conceptual component of a suite of practice-oriented resources that will guide providers through implementation.

As an innovative conceptual framing, this Framework is a powerful instrument for change. Concepts, principles and pillars define the 'boundaries' or 'focal points' that shape good practice. As a normative instrument that underpins practice, the Framework must achieve a balance between a general approach and specific guidance to ensure that equity and inclusion considerations are embedded upfront.

This submission provides input through the lens of equity and inclusion of multicultural older people. Older people from culturally and linguistically diverse backgrounds make up about a third of the population aged 65 and over, and whilst their participation in residential aged care varies depending on the state, it is projected to increase significantly across the coming years.

As at 30 June 2025, Australia's population included 8.8 million people born overseas, making up 32.0 per cent of the population. For the first time, people born in India (971,020) overtook those born in England (970,950) as Australia's largest overseas-born group - described by the ABS as "the largest group born overseas for the first time on record." China was the third-largest group, at 732,000 people. (ABS 2025). This continuing demographic shift underscores the importance of tailoring aged care services and strengthening diversity data collection.

Despite these demographic changes, there is limited data on sexual abuse experienced by multicultural older people, and even less so for abuse in residential aged care. The absence of data should not be interpreted as evidence of lower risk or fewer incidents. **We are concerned that, without explicit consideration of multicultural older people, their needs and rights might become a secondary consideration**. This risk of 'invisibility' is even higher in view of the lack of data on sexual safety amongst multicultural older people in residential care, and the difficulties surrounding recognition, disclosure and reporting of sexual abuse.

A sexual safety framework cannot be genuinely person-centred or rights-based if older people cannot understand their rights, communicate freely, disclose harm safely, or participate meaningfully in decisions about their care and support. For multicultural older people, this requires cultural safety to be treated as a core component of sexual safety, rather than an additional consideration

Recommendations

1. Make language access a core sexual safety safeguard

Language access should be a requirement embedded across all five pillars. Language access is the most basic measure of culturally appropriate services and part of the right of an older person to have their culture respected. A right may exist as a legal provision, but it cannot be meaningfully exercised in practice if a person cannot understand, discuss or disclose information in their preferred language. This is especially important for sensitive matters, such as those involving health, sexuality, sexual consent and abuse, as well as processes with legal implications such as police reporting, medical or forensic care, complaints and open disclosure.

The actions below are also reflected as suggested minimum practice standards against each pillar in Appendix A. This section sets out why they matter.

1. **Require providers to record each older person's preferred language, communication needs, interpreter need and preferred communication method, and to review this information when cognition or communication changes.**
2. **Require free access to appropriately credentialed professional interpreters whenever needed, including urgently and after hours. This should include NAATI-certified or recognised interpreters, as appropriate. Providers should seek to accommodate preferences relating to interpreter gender, language variety or dialect and, where relevant, community affiliation or non-affiliation, while actively managing conflicts of interest and small-community confidentiality concerns.**
3. **State clearly that family members, friends, other residents, alleged perpetrators and untrained bilingual workers must not be used as interpreters for consent, disclosure, assessment, investigation, police, complaints or open disclosure conversations. Where an immediate threat to life or safety makes professional interpreting temporarily unavailable, any substantive follow-up conversation must occur with an appropriately credentialed professional interpreter at the earliest opportunity.**
4. **Provide plain-language, human-reviewed and user-tested information on rights, consent, privacy, complaints, SIRS and support services in the older person's preferred language and format. Written information should be reinforced through private in-person explanation and teach-back rather than translation alone.**
5. **The documented interpreter pathway should cover initial disclosure, contemporaneous documentation, consent and capacity conversations, medical and forensic assessment, police contact, SIRS notification, complaints, open disclosure, advocacy, recovery and ongoing support.**

2. Improve providers' knowledge of the most common barriers to reporting amongst multicultural older people.

There is a lack of data on sexual safety of multicultural older people in residential aged care. What is known, however, is that CALD populations more broadly under-report family, domestic and sexual violence (AIHW 2018 as cited in AIHW 2024) In preparing aged care providers and workers to better support multicultural older people, evidence from the family, domestic and sexual violence studies, and elder abuse, can be a good reference.

The Australian Institute of Health and Welfare (AIHW) identifies language barriers, lack of culturally appropriate information, distrust of authorities (e.g. government, police), and norms discouraging disclosure as possible barriers to reporting family, domestic and sexual violence. Pre-migration trauma, and social isolation can also act as compounding barriers.

Similarly, a report from the Centre of Advancing Women (COAW 2024) identified adequate interpreting services, trauma-informed services, respect to individual choice, better communication across agencies, and providers' cultural competency as critical to support trust building amongst migrant and refugee background women who experienced sexual assault. Whilst these studies did not target older women specifically, the risk does not diminish with age. As the Framework states, older people from culturally and linguistically diverse communities are among those "at greater risk of sexual harm" in residential aged care (p.21)

Regarding elder abuse, findings from the *National Elder Abuse Prevalence Study* identified a similar incidence of elder abuse (around 15 percent) amongst CALD older people, and non-CALD older people. However, CALD older people seemed to experience other, specific forms of abuse, associated with racism and discrimination (AIFS 2022).

Factors such as language, family dependency, migration and refugee experiences, racism, faith, social norms, fear of breach of confidentiality, and unfamiliarity with Australian rights and reporting systems, can all shape the ability and decision of an older person to discuss sexual safety. These factors should be addressed without stigmatising communities, but through a person-centred, culturally appropriate approach.

3. Clarify how the term 'culturally safe' has been used

The Federation of Ethnic Communities' Councils of Australia (FECCA), in its submission to the Aged Care Bill 2024 (FECCA 2024), requested clarification on how the terms 'culturally safe,' 'culturally appropriate,' and 'culturally responsive' are used. While the term culturally safe is usually associated to Aboriginal and Torres Strait Islander people, in some areas like health and mental health, it is also applied to culturally and linguistically diverse individuals. The Framework seems to use 'culturally appropriate' to refer to culturally and linguistically diverse communities. We propose that to avoid confusion in how aged care providers and workers might interpret the scope of these terms, the Framework clarifies their meaning and application.

We support the retention of the Framework's dedicated consideration of the distinct experiences of Aboriginal and Torres Strait Islander people, respecting their sovereignty, and right to self-determination. To ensure full respect for Aboriginal and Torres Strait Islanders, and to avoid dangerous generalisation, the Framework should provide separate, tailored guidance on support for multicultural older people, with a view to set minimum standards for culturally appropriate and responsive practice.

In line with a person-centred approach, whether a service is culturally safe should be determined by the person receiving care, not by a set of assumptions. The Framework should avoid any deficit-oriented language associated with cultural diversity, recognising that culture, faith and community can be sources of strength for an older person, offering identity, connection and healing. At the same time, institutional norms, when not culturally safe, can reinforce fear and stigma.

6. **Add definitions of 'culturally safe', 'culturally appropriate' and 'culturally responsive' to the Framework's Glossary, specifying how each applies across prevention, consent, care planning, disclosure, incident response, open disclosure and recovery.**
7. **Require individual inquiry rather than assumption: providers should ask each older person about modesty, touch, privacy, gender preferences for workers or clinicians, faith and spiritual supports, and who they want involved, rather than inferring these from cultural background.**

4. Protect capacity, choice and privacy in disclosure and decision-making

The older person must remain the primary rights-holder. Family and supporters can be important sources of support, but they may also be a source of pressure, restriction, gatekeeping or even harm. Dependence on relatives for interpreting, finances or basic interaction with service providers and carers can make private conversations around sexual safety particularly difficult.

8. **Require providers to speak directly and privately with the older person, using an appropriately credentialed professional interpreter where needed, before involving family or supporters. The older person should be asked privately whether they want anyone involved and, if so, whom.**
9. **Involve family, carers or community representatives only with the older person's informed consent and following a safety and conflict-of-interest assessment, unless disclosure is otherwise required by law.**
10. **Make clear that cultural, family or religious objections cannot override an older person's lawful choices or be used to excuse sexual harm.**
11. **The older person should be offered access to a chosen supporter or independent advocate, while retaining control over decisions to the greatest extent possible.**
12. **Consent should be sought separately for each decision unless another legal requirement applies.**

5. Build workforce capability and psychological safety

One of the greatest challenges for the Framework is ensuring adequate support to the workforce to enable change in practice. Workers need support to build their capability in this area. Moreover, the aged care workforce is highly culturally diverse, and training must be accessible to workers with different language and English literacy levels. Bilingual and bicultural capability in the aged care industry is an asset, but bilingual and bicultural workers should not be used as substitutes for appropriately credentialed professional interpreting services, or as a proxy for cultural interpretations of what the older person 'needs' and 'wants'.

The Framework should also highlight the importance of protecting the cultural and psychological safety of the workforce. At the moment the Framework seems to attribute a lot of responsibility to workers, including in areas that would require clinical support and expertise for proper guidance. This is an underpaid workforce, often based on shifts and mobility, and the level of knowledge expected for these functions to be properly performed must be compatible to work conditions more broadly.

13. **Establish paid, recurring and role-specific cultural-safety capability as a minimum implementation expectation, using realistic multicultural and intersectional scenarios. Training should be supported by supervision, and competency checks rather than one-off online awareness modules.**
14. **Cultural safety should also be embedded in provider policies, interpreter protocols, incident-response procedures, supervision, reflective practice, incident review, audit and governing-body accountability. Training completion alone is not evidence that care or disclosure pathways are culturally safe.**
15. **Include how dementia may affect language, including reversion to a first language, and how to distinguish communication difficulty from lack of capacity or credibility.**
16. **Protect migrant and refugee workers who raise concerns, including workers with insecure employment or migration circumstances, and provide culturally safe support following disclosures, sexual harassment or vicarious trauma.**

6. Strengthen data and data governance

Under-reporting can create a false appearance of safety when disclosure pathways are inaccessible. Cultural safety should be measurable through individual access, experience and outcome indicators, with disaggregated data. Data on multicultural older people should not be confined to a single binary CALD field, which can conceal significant differences in language, culture, migration, and individual preferences, amongst other variables.

A contemporary Framework that is suitable for Australia's diverse ageing population should foster a cultural change amongst aged care providers, so that an older person's right to have their 'identity, culture, spirituality and diversity valued and supported, 'as defined in the new Aged Care Act, is normalised as part of a person-centred approach.

17. **Require providers to analyse incidents, complaints, interpreter use, referrals, response times and outcomes against meaningful cultural and language variables, including preferred language and interpreter need, with informed and privacy-protective collection, secure handling and suppression of small cells. Providers should not rely on a single binary CALD field, which can conceal significant differences in language, culture, migration experience and access barriers.**
18. **Incident-management and SIRS records should capture whether the older person's preferred language and communication needs were accommodated and whether a professional interpreter was offered, used or declined. A decision to decline an interpreter must not be treated adversely and should prompt discussion of alternative safe communication support.**
19. **Require governing bodies to review barriers to disclosure, seek feedback directly from multicultural older people and workers, and demonstrate how that feedback changed policy or practice.**

The Commission should incorporate culturally and linguistically safe sexual-safety practice into guidance, audit tools, provider education and regulatory monitoring, with clear indicators of minimum compliance and better practice.

7. Adopt co-design for equity and inclusion

The Framework would benefit from co-design, extending beyond consultation. Multicultural and ethno-specific providers, bilingual and bicultural aged care and health workers, community-controlled organisations, and trusted community leaders hold specialised knowledge that cannot be quickly replicated.

These organisations and professionals are at times engaged to test translated and plain-language resources once they are completed. However, effective communication is not simply an issue of translation, but of establishing frameworks that resonate in intent, meaning, sensitivity and usability. In various cultures, and particularly for the current older generation, concepts such as the right to sexuality and intimate relationships, and sexual consent, as defined in Australia, may not be familiar. Also, for some cultures, sexuality and sex are not topics openly discussed. For the Framework to effectively become a tool that is understood and valuable for many multicultural older people, the work of co-design with the multicultural sector remains fundamental, from the framing of the issues to implementation and monitoring.

8. Create culturally and linguistically accessible response and referral pathways

A referral is only effective if the older person can understand, trust and use the service. The current support-services Appendix to the Framework does not consistently identify language accessibility and contains no clear pathway to multicultural specialist services.

20. **For every national helpline, identify interpreter access, translated resources, operating hours and any English-only channels. The Appendix should also clearly outline that 1800RESPECT can arrange a free TIS National interpreter, as well as the availability of government-funded TIS National services for eligible residential aged care providers.**
21. **Include pathways to state and territory multicultural family, domestic and sexual violence services; multicultural women's health, migrant and refugee health, ethno-specific aged care and elder-abuse services where relevant; and qualified cultural brokerage. Providers should facilitate a warm referral rather than simply providing a phone number or website.**
22. **Ensure police, medical, forensic, advocacy and counselling referrals include an explanation in the older person's preferred language of what will happen next, confidentiality limits and available choices.**

Conclusion

The Collaborative and AMWA support the finalisation of a national Sexual Safety Framework for Residential Aged Care Providers, and the Commission's firm commitment to both sexual expression and freedom from harm. To achieve substantive equality, the Framework must make cultural and linguistic safety visible, so that providers are held accountable in practice. Only then can the Framework's person-centred, rights-based approach be de facto inclusive of all older people in residential aged care, regardless of the language they speak, their gender, race, or ethnicity.

We would welcome the opportunity for continued involvement in reviewing future draft versions and co-designing and testing implementation resources with multicultural older people, carers, workers and multicultural and ethno-specific providers.

Appendix A. Suggested Amendments to the Framework

Executive Summary

Add a visible statement beneath the description of sexual safety:

> **Suggested text:** All older people must be able to understand and exercise their sexual rights and safety in their preferred language and in a culturally safe way. Providers must ensure accessible information, appropriately credentialed professional interpreting, private communication and culturally appropriate support.

Diversity (p. 17)

Revise the paragraph on culture and faith, adopting language that does not imply that diverse cultures are inherently problematic. A more balanced formulation would be:

> **Suggested text:** Culture, faith and spirituality can be sources of identity, connection, protection and healing. They can also shape how sexuality, consent, privacy and disclosure are understood. Providers must avoid assumptions, ask each older person what is important to them, and ensure that cultural or religious beliefs are never used to restrict lawful sexual expression or excuse sexual harm.

Barriers to reporting and disclosing sexual harm (pp.22-23)

Retain the dedicated discussion of barriers affecting Aboriginal and Torres Strait Islander peoples, and add a separate, appropriately tailored subsection with common barriers for reporting and disclosing, experienced by multicultural older people.

Principle 4 (pp. 28-29)

Add an explicit obligation to provide person-centred communication in the older person's preferred language and format.

Principle 5 (pp. 29-30)

Define cultural safety, cultural appropriateness, and cultural responsiveness, and specify how they apply throughout prevention, consent, care planning, disclosure, incident response, open disclosure and recovery. The Framework should retain the specific guidance aligned with the rights of Aboriginal and Torres Strait Islanders, and establish separate, appropriately tailored guidance for multicultural older people.

Pillars (pp. 32-36)

Pillar	Minimum culturally and linguistically safe actions
Pillar 1	Translated and plain-language rights information; appropriately credentialed professional interpreter access; private conversations; community education co-designed with multicultural older people.
Pillar 2	Culturally appropriate assessment and care planning; capacity and supported decision-making in the person's preferred language; respect for individual preferences about modesty, privacy, worker gender, and faith.
Pillar 3	Professional interpreting for disclosure and incident response; documentation of language accommodation; culturally safe safety planning; warm referral; protection from family or community gatekeeping; and person-led choice over non-mandatory supports (e.g. advocacy, counselling, family involvement) following disclosure.
Pillar 4	Culturally relevant healing and recovery options; explicit workforce capability building for multicultural older people while retaining separate Aboriginal and Torres Strait Islander specific guidance.

Pillar	Minimum culturally and linguistically safe actions
Pillar 5	Paid, recurring investment in workforce capability; safe, speaking-up pathways for migrant workers; culturally safe policies, supervision and audit; disaggregated data; governing-body oversight; co-design; continuous feedback aimed at workforce capability development.

Appendix 1

Add TIS National (131 450) and clearly identify which listed services can arrange interpreters. Include a short instruction for accessing 1800RESPECT with an interpreter and a pathway to multicultural specialist services in each state and territory. Review the list to ensure every entry clearly states scope, accessibility and referral function.

Consulted sources

- 1800RESPECT, Accessibility - Translating and Interpreting Service. Website, https://1800respect.org.au/accessibility
- Aged Care Act 2024 (Cth), https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id:%22legislation/bills/r7238_assed/0000%22
- Aged Care Quality and Safety Commission (2024). *Strengthened Quality Standards*. ACQSC, https://www.agedcarequality.gov.au/strengthened-quality-standards/individual/person-centred-care
- Aged Care Quality and Safety Commission (n/a). 'Unlawful sexual contact or inappropriate sexual conduct.' SIRS guidance. ACQSC website, https://www.agedcarequality.gov.au/providers/serious-incident-response-scheme/reportable-incidents/unlawful-sexual-contact-or-inappropriate-sexual-conduct
- Aged Care Research and Industry Innovation Australia. 'Sexuality, sexual expression and older people.' ARIIA website, https://www.ariia.org.au/knowledge-implementation-hub/operationalising-rights-based-care/practice-specific-considerations/sexuality-sexual-expression-and-older-people
- Attorney-General's Department. Australian Government (2026). *National Plan to End the Abuse and Mistreatment of Older People 2026-2036*, https://www.ag.gov.au/rights-and-protections/publications/national-plan-end-abuse-and-mistreatment-older-people-2026-2036
- Australia's National Research Organisation for Women's Safety (2022). *A life course approach to determining the prevalence and impact of sexual violence in Australia*, https://www.anrows.org.au/publication/a-life-course-approach-to-determining-the-prevalence-and-impact-of-sexual-violence-in-australia-findings-from-the-australian-longitudinal-study-on-womens-health/read/
- Australian Institute of Family Studies (2022). *Elder abuse in Australia: Culturally and linguistically diverse Australians*. AIFS Research snapshot, https://aifs.gov.au/all-research/research-snapshots/elder-abuse-australia-culturally-and-linguistically-diverse
- Australian Institute of Health and Welfare (2023). *How do overseas-born Australians use aged care services?* Release 7 Dec 2023, https://www.aihw.gov.au/reports/aged-care/overseas-born-australians-using-aged-care-services/summary
- Australian Institute of Health and Welfare (2024). *Family, domestic and sexual violence. People from culturally and linguistically diverse backgrounds*. Last updated 15 Feb 2024. https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/cald
- Australian Institute of Health and Welfare (2026). *Family, domestic and sexual violence. Older people*. Last updated 18 Aug 2026, https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/older-people
- Centre for Advancing Women (2024). *Access to sexual assault services for refugee background women.* November,

https://workdrive.zohopublic.com.au/external/e75d5f18be550fc66732d42d56f2346d459323b5ac983ffa2c800f6b23c9b794

- Centre for Cultural Diversity in Ageing. *Practice guides and Inclusive Service Standards*. CCDA website, https://www.culturaldiversity.com.au/page/practice-guides
- Department of Health, Disability and Ageing. Australian Government. (n/a). 'Translating and Interpreting Service (TIS National) for aged care service providers and older people in aged care.' DHDA website, https://www.health.gov.au/our-work/translating-and-interpreting-service-tis-national-for-aged-care-service-providers-and-older-people-in-aged-care
- Department of Health, Disability and Ageing. Australian Government. (2024). 'Translating and interpreting services for aged care - professional interpreter guidance.' Webinar presentation, https://www.health.gov.au/resources/videos/translating-and-interpreting-services-for-aged-care?language=en
- Department of Social Services. Australian Government. (2023). *The Commonwealth Consent Policy Framework,* https://www.dss.gov.au/sexual-consent/resource/commonwealth-consent-policy-framework
- FECCA (2024). *Submission to the Consultation on the Aged Care Bill 2024*. FECCA, https://fecca.org.au/updates/submission-to-the-consultation-on-the-aged-care-bill-2024/
- FECCA (2025). *Vision 2030: Healthy Ageing in Multicultural Australia*. FECCA, https://fecca.org.au/updates/vision-2030-healthy-ageing-in-multicultural-australia/
- KPMG (2019). *Prevalence Study for a Serious Incident Response Scheme (SIRS)*. Final report, https://www.health.gov.au/resources/publications/prevalence-study-for-a-serious-incident-response-scheme-sirs?language=en
- Older Persons Advocacy Network (n/a). 'Ready to Listen.' OPAN website, https://opan.org.au/training/ready-to-listen/

Australian Multicultural Health Collaborative

Australian Multicultural Women's Alliance

Unit 1, Level 6, 54 Marcus Clarke Street
Canberra City, ACT 2601
t (02) 6282 5755
e admin@multiculturalhealth.org.au
s @amhcollab
multiculturalhealth.org.au

FECCA

An initiative of The Federation of Ethnic Communities' Councils of Australia