Ageing and Disability Commission

NSW GOVERNMENT

Domestic, Family and Sexual Violence (DFSV) of Older Women and Women with Disability

Summary Booklet: Online Training Modules 1-4

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Acknowledgement of Country

The Ageing and Disability Commission (ADC) acknowledges Aboriginal People as the First Nations Peoples of NSW, and we pay our respects to Elders past, present and future. We acknowledge the ongoing connection Aboriginal people have to this land and recognise Aboriginal people as the original custodians of this land.

About this Summary Booklet

This booklet summarises key information and resources from the ADC's online training modules designed to help frontline workers to better prevent, identify and respond to DFSV of older women and women with disability.

- **Module 1:** An Introduction to Domestic, Family and Sexual Violence (DFSV) of Older Women and Women with Disability
- **Module 2:** Identifying Domestic, Family and Sexual Violence (DFSV) of Older Women and Women with Disability
- **Module 3:** Responding to Domestic, Family and Sexual Violence (DFSV) of Older Women and Women with Disability
- **Module 4:** Identifying and Responding to Sexual Violence of Older Women and Women with Disability

Content Warning

The material in this module may be distressing to some readers and includes information about domestic, family and sexual violence of older women and women with disability.

If you feel upset or affected by the content at any point, please take time for yourself. For example: stop, take a break, talk to your manager or a trusted support person, or seek an Employee Assistance Programme (EAP) appointment where possible.

You could also contact one of the following organisations:

- **1800RESPECT:** 1800 737 732
- **Lifeline:** 13 11 14
- **13YARN:** 13 92 76

Module 1

An Introduction to Domestic, Family and Sexual Violence (DFSV) of Older Women and Women with Disability

Why focus on women?

This module focuses on older women and women with disability as victim-survivors of DFSV. While men can also be victims, the majority of DFSV is carried out by men against women.[1]

Definitions

- **Domestic and family violence:** Violent, threatening, coercive, or controlling behaviour in a domestic relationship, causing a person to live in fear for their own or someone else's safety.[2]
- **Older women:** Women aged 65 years and over, or 50 years and over if Aboriginal and/or Torres Strait Islander.
- **Disability:** Long-term physical, psychiatric, intellectual, or sensory impairment that hinders full participation in the community.[3]
- **Perpetrators:** A person who uses violent, threatening, coercive, or controlling behaviour in a domestic relationship.

Prevalence of DFSV of older women and women with disability

Up to 50%
of assaults against older women reported to the police were committed by a family member in any one year.[4]

27%
of women have experienced violence from an intimate partner or family member since age 15.[5]

1 in 10
female homicide victims of intimate partner violence in NSW were aged 55 and over.[6]

46%
of women with cognitive disability have experienced sexual violence from the age of 15.[7]

Up to 80%
of assaults against older women reported to the police were committed by someone they know in any one year.[4]

Marital sexual assault was only made illegal in **1981**.[6]

Types of disability

There are different types of disability, including (but not limited to) those in the table.

Type of disabillity	Definition
Physical disability	Affects mobility or physical capacity, e.g. cerebral palsy or spinal cord injuries.
Intellectual disability	Related to intellectual functioning and adaptive behaviours, e.g. down syndrome or developmental delays.
Psychosocial disability	Impacts from mental health conditions that affect daily functioning, e.g. schizophrenia, bipolar disorder, or severe depression and anxiety.
Sensory disability	Affects sight or hearing, e.g. blindness, vision impairment, and hearing impairments.
Neurological disability	Disorders of the nervous system that affect mobility, speech, or coordination, e.g. epilepsy, multiple sclerosis, Parkinson's disease and dementia.
Learning disability	Affects learning and processing, e.g. dyslexia.
Acquired brain injury (ABI)	Brain damage acquired after birth due to an injury, stroke, or illness.
Chronic health condition	Long-term health conditions, e.g. diabetes, chronic pain, cancer, autoimmune diseases and neurodegenerative conditions.

Understanding DFSV

DFSV can affect anyone, regardless of the country they are from, religion, sexuality, gender, age, social background or culture.

DFSV is about power and control, with perpetrators using various forms of abuse, not always physical, to control someone intentionally.

Older women and women with disability face types of DFSV that are also experienced by younger women and women without disability. However, they also experience additional, unique forms of abuse.

DFSV does not stop at age 65. Many older women may have experienced DFSV throughout their lives, both in younger years and as older women.

Who are the perpetrators of DFSV?

- Boyfriends, girlfriends, partners, husbands or wives
- Ex-boyfriends, ex-girlfriends, ex-partners, ex-husbands or ex-wives
- Parents, guardians and siblings
- Extended family relationships (grandchildren, uncles and aunts, cousins)
- Adult children
- Kinship ties in Aboriginal and Torres Strait Islander communities

- Constructs of family within lesbian, gay, bisexual, transgender, intersex or queer communities
- Carers
- Paid support workers
- Other household members who live together (or used to)

Harmful attitudes and beliefs

Harmful attitudes and beliefs in the media, politics, and society impact how we identify and respond to the abuse of older women and women with disability.

These harmful attitudes include stereotypes. Stereotypes are beliefs about a group of people which are often too simple and ignore differences.

Sometimes we also have hidden attitudes or beliefs we don't realise we have. They come from how we were raised or past experiences and can affect how we treat others. This is sometimes called unconscious bias. Some examples include ageism, ableism, and gender inequality.

Ageism

Ageism means treating people unfairly because of their age. For example, thinking that an older person is less capable or important than a younger person.

Ableism

Ableism means treating people unfairly because they have a disability. It happens when people think someone with a disability is less important.

Gender inequality

Gender inequality means men and women are not treated the same. It can affect jobs, pay, education, and rights.

Barriers to accessing DFSV support

Many victim-survivors of DFSV experience barriers to accessing DFSV support. However, these barriers are often worse for older women and women with disability.

Some common barriers include:

- Lack of understanding of DFSV or that abuse is occurring, or it being normalised by family, friends and supports.
- Lack of services available, or the available services may not be accessible for older women and women with disability.
- Unaware of services and supports available, or Information about services is not accessible.
- Negative past experiences, such as not feeling welcomed or listened to.
- Fear and mistrust of services such as fear of being placed in an aged care facility or group home.

Understanding intersectionality

Like everyone, older women and women with disability have unique life experiences and identities. This can impact their experience of DFSV and the type of support they require. It may also mean they face further barriers. This is sometimes called intersectionality.

- **Aboriginal and/or Torres Strait Islander status:** Aboriginal and Torres Strait Islander women may be caring for partners, children, grandchildren and extended family, and may be unwilling to access services due to the history of institutional violence and removal of children.[8]
- **Sexual orientation and gender diversity:** LGBTIQ+ women may not have come out to family and friends or may feel excluded from services, as a legacy of homophobia and the criminalisation of same-sex relationships.[8]
- **Socioeconomic status**: Older women and women with disability in rural and remote areas may be isolated from services due to distance, limited internet access, and/or concerns over privacy in small communities. [8]
- **Culture and religion:** Older women and women with disability from migrant or refugee backgrounds may experience difficulty accessing services due to language barriers or visa restrictions. [8]
- **Age and disability:** Older women with disability are more likely to have their experiences minimised or dismissed. For instance, failure to act on intimate partner violence when either the victim or perpetrator has dementia. [8]

"Why doesn't she just leave?"

This is a question that is frequently asked. Yet, leaving DFSV often involves significant risks and uncertainty, such as:

- **Homelessness:** Domestic violence is the lead cause of homelessness for women in Australia.
- **Isolation:** Leaving family, friends and other important support networks.
- **Finances:** The perpetrator may be controlling the money or exploiting the person financially.
- **Immigration status:** Women dependent on a partner or family member's visa may risk losing their visa status.
- **Children:** Children who have experienced/witnessed DFSV experience trauma and distress.

Additional Resource

PWDA Handbook: A Handbook on Supporting People with Intellectual Disability who have Experienced Domestic and Family Violence.

References

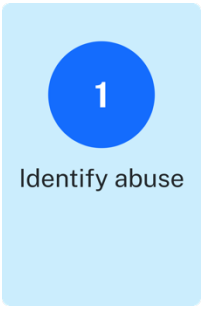
1. **Australian Bureau of Statistics (ABS), 2022.** *Personal Safety, Australia, 2021-2022*. [online] Available at: https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release
2. **NSW Department of Communities and Justice (DCJ), 2022.** *NSW Domestic and Family Violence Plan 2022-2027.* [online] Available at: https://dcj.nsw.gov.au/documents/service-providers/domestic-and-family-violence-services/NSW-Domestic-and-Family-Violence-Plan-2022-2027.pdf
3. **Disability Inclusion Act (2014)** *Disability Inclusion Act 2014 (NSW)*. Available at: https://legislation.nsw.gov.au/view/whole/html/inforce/current/act-2014-041
4. Hill, T. and Katz, I. (2019) *Insights into abuse of older people - analysis of Australian Bureau of Statistics datasets.* [online] UNSW. Available at: https://unsworks.unsw.edu.au/entities/publication/346d17e3-b456-47ca-ad55-4d6b744992db
5. **Australian Bureau of Statistics (ABS), 2022.** *Personal Safety, Australia, 2021-22*. [online] Available at: https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release
6. **NSW Domestic Violence Death Review Team (DVDRT), 2022.** *2019-2021 Report*. Sydney: NSW Domestic Violence Death Review Team.
7. **Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2021.** *Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia*. Melbourne: Centre of Research Excellence in Disability and Health. Available at: https://disability.royalcommission.gov.au/publications/research-report-nature-and-extent-violence-abuse-neglect-and-exploitation-against-people-disability-australia
8. **Our Watch, 2025.** *Preventing violence against older women*. [online] Available at: https://www.ourwatch.org.au/preventing-violence/older-women

Module 2

Identifying Domestic, Family and Sexual Violence (DFSV) of Older Women and Women with Disability

The 5–step approach to identifying and responding to DFSV

In this training, we use the NSW Elder Abuse Toolkit's 5-step response framework[1] to address DFSV affecting older women and women with disability to help ensure consistent and reliable responses. This module provides guidance on steps 1–3 of the 5-step approach.



1. Identify abuse

Being able to identify DFSV of older women and women with disability is an important skill.

While older women and women with disability experience forms of DFSV similar to those faced by younger women and women without disability, they also experience additional, unique forms of abuse.

There are resources available that can help detect DFSV. We encourage workers to consult with line managers about available resources and your organisational policies.

Some resources that may be useful to you can also be found on the Ageing and Disability (ADC) training home page.

Psychological abuse

Behaviours towards the adult	Signs
• Treating the person like a child • Providing care in a way that increases dependency • Denying the person's right to privacy • Mistreating or neglecting pets or service animals • Blaming disability or age as the cause of abuse • Making threats to kill, harm, or commit suicide • Withholding affection • Exploiting confusion or cognitive impairment • Creating self-doubt (also referred to as gaslighting) • Making threats to place the person in an aged-care facility or group home.	• Feelings of helplessness or shame • Changes in self-esteem levels • Confusion, agitation, or social withdrawal • Unusual behaviour or displays of anger • Unexplained paranoia, fear, or anxiety • Decline in mental health • Disrupted appetite or sleep patterns.

Physical abuse

Behaviours towards the adult	Signs
• Slapping, hitting, punching, or throwing objects at or near the person • Biting, burning, strangling, or choking • Rough handling during care or assistance • Locking the person in a room or restricting movement within the home • Using physical or medical restraints • Overmedicating or under-medicating to control behaviour or reduce independence.	• Slapping, hitting, punching, or throwing objects at or near the person • Biting, burning, strangling, or choking • Rough handling during care or assistance • Locking the person in a room or restricting movement within the home • Using physical or medical restraints • Overmedicating or under-medicating to control behaviour or reduce independence.

Sexual abuse

Behaviours towards the adult	Signs
• Physical abuse • Behaviours towards the adult Signs • Slapping, hitting, punching, or throwing objects at or near the person • Biting, burning, strangling, or choking • Rough handling during care or assistance • Locking the person in a room or restricting movement within the home • Using physical or medical restraints • Overmedicating or under-medicating to control behaviour or reduce independence. Slapping, hitting, punching, or throwing objects at or near the person • Biting, burning, strangling, or choking • Rough handling during care or assistance • Locking the person in a room or restricting movement within the home • Using physical or medical restraints • Overmedicating or under-medicating to control behaviour or reduce independence.	• Physical abuse • Behaviours towards the adult Signs • Slapping, hitting, punching, or throwing objects at or near the person • Biting, burning, strangling, or choking • Rough handling during care or assistance • Locking the person in a room or restricting movement within the home • Using physical or medical restraints • Overmedicating or under-medicating to control behaviour or reduce independence. Slapping, hitting, punching, or throwing objects at or near the person • Biting, burning, strangling, or choking • Rough handling during care or assistance • Locking the person in a room or restricting movement within the home • Using physical or medical restraints • Overmedicating or under-medicating to control behaviour or reduce independence.

Financial abuse

Behaviours towards the adult	Signs
• Making financial decisions without the person's consent • Signing documents without permission or through coercion • Taking or selling personal items without consent • Taking control of pensions, salaries, or other income and preventing access • Stealing money, property, or possessions • Misusing Power of Attorney for financial gain.	• Unexplained disappearance of personal belongings or valuables • Insufficient food in the home or no money to pay for essentials • Significant or unexplained bank withdrawals • Changes to wills or financial documents without consent • Lack of knowledge about personal finances or how money is being spent • Unpaid bills despite available funds.

Neglect

Behaviours towards the adult	Signs
• Preventing access to food or not providing adequate meals • Failing to provide heat, proper care, or necessary medications • Failing to report medical concerns or take the person to medical appointments • Not purchasing or providing weather-appropriate clothing.	• Wearing weather-inappropriate, torn, or dirty clothing • Poor personal hygiene or a messy appearance • Lack of necessary medical or dental care • Lack of required assistive technologies • Unexplained weight loss, dehydration, or malnutrition • Untreated injuries or health conditions.

Coercive control

Behaviours towards the adult	Signs
• Controlling health and body, such as restricting food, medication, aids or equipment • Restricting access to necessary services • Making decisions for the person that are against their wishes or without their involvement • Using tracking devices • Isolating by preventing access to family members, friends, or the community.	• Isolation from family and friends • Excessive dependence on the perpetrator for decision-making or basic needs • Fear of making decisions without approval • Reluctance or fear to express opinions or preferences • Constant monitoring or restrictions on communication • Lack of access to money, personal documents, or resources • Being withdrawn from services or support.

Effective questions[1]

Open questions you could use to initiate conversations or when you suspect abuse may be taking place:

- How are things going at home?
- How do you feel your carer/partner/son etc is managing?
- What is happening right now and how can I support you?
- I noticed a bruise on your arm today. How did this happen?
- What would you like to do about your situation?
- How are you managing financially?
- How do you usually spend your days?
- How do you feel when __ does/says (behaviour observed)?
- If something was bothering you, would you feel comfortable talking to me about it?

Direct questions you could use when abuse is strongly suspected:

- I noticed you seem a bit down at the moment. How have you been feeling lately?
- Can you tell me about what has been happening at home?
- What makes you feel unsafe at home?
- Has anyone touched you without consent?
- Are you often sad or lonely? Why do you think this is?
- Have you signed any documents you didn't understand?
- Has anyone shouted at you or threatened you?
- Do you ever get worried how __ will react?
- Has anyone taken anything that was yours without consent?
- I've noticed that your [mobility or communication aid] seems to be frequently moved/broken. Has someone been doing this on purpose?

Dos and Don'ts

Do	Don't
• Speak in a safe place • Check the person has the required communication assistance devices • Use a professional interpreter service if required • Listen and believe the person • Ask the person what their wishes are • Offer referrals for specialist support • Report to your manager, document and keep accurate records	• Blame the person and ask what they did wrong • Make promises you cannot keep (i.e. about confidentiality) • Minimise or ignore signs of abuse • Confront the alleged perpetrator • Rush the person and pressure them to make a disclosure

2

Assess immediate safety

2. Assess immediate safety

1. Assess the level and urgency of safety concerns for the older woman/woman with disability and others involved.
2. If you assess that there is an immediate threat to someone's safety, contact emergency services (000) immediately.
3. Take steps to preserve evidence.

Remember!

- Consent to contact triple zero (000) is not required in an emergency situation.
- Follow your workplace policy and procedures for internal reporting.
- If it's not an emergency, you should focus on providing support to the victim-survivor.

What is an emergency?

- Situations where there is an immediate threat to the safety or well-being of the individual or others involved.
- You do not need consent to contact emergency service when there is an immediate and serious threat to their life or health.
- Check with your manager and organisational policies if you are uncertain what would be considered an emergency.

Medical assistance

When assessing immediate safety, it is important to consider whether the person needs medical assistance.

Physical violence	Injuries such as bruises, fractures, cuts, or internal injuries may require urgent medical attention.
Strangulation	Strangulation can cause serious internal injuries, brain damage, and worsen existing health issues or disability, even if there are no visible marks or signs of injury.
Neglect	A lack of food, water, or incorrect medication can cause dehydration, malnutrition, and worsen existing health conditions.
Sexual violence	Medical assistance may be needed for injuries, pregnancy prevention and/or STI testing.

Protecting evidence

- To preserve evidence, avoid touching or cleaning the person, their clothing, or their surroundings.
- Evidence may include clothing, documents, emails and personal belongings.
- Where possible, evidence should remain intact for police and emergency services.

3

Provide support

3. Provide support

What if the person is not ready to receive support?

The older woman or woman with disability you are supporting should be included in decisions about their life to the greatest extent possible, including in emergency situations.

However, if you identify that a person is in immediate danger, you are required to take action, even if it goes against the person's wishes.

A person has the right to be informed of their choices and options, however ultimately it is their decision what they would like to do.

This may mean the older woman or woman with disability you are supporting makes decisions you do not agree with. It is important that you respect their wishes.

Important considerations when asking an older woman or woman with disability about DFSV

- **Power imbalance:** The women you are supporting may rely on the person perpetrating abuse for support. Do not discuss the situation with the perpetrator or try to 'mediate'. The presence of family members may compromise their safety and privacy as well as the person's ability to speak freely.
- **Confidentiality:** Avoid making promises you can't fulfill such as complete confidentiality. Make sure the person fully understands the actions you may need to take and why (such as informing management or contacting emergency services in an emergency).
- **Safe supports:** Where possible and when consent is given, work alongside specialist support and advocacy services and/or legal professionals to ensure the person is informed of all the options available.
- **Key information:** Do not attempt to gather unnecessary levels of detail about the DFSV. Do not get the person to repeat their disclosure to you. This could cause further trauma for the person, or negatively impact responses such as police investigations. Focus on gathering basic information and/or as much as the individual feels comfortable sharing.

Examples of communication tips and considerations

Older women[1]	• Do not speak to the person like a child. • Minimise background noise. • Understand what the person wants. Don't assume you know because of their age. • Give the person your full attention.
Women with dementia[2]	• Always begin by identifying yourself and explain what it is you propose to do or talk about. • Look directly at the person and ensure you have their attention before you speak. • Speak calmly and clearly. • Don't insist on them trying to remember recent events.
Women with intellectual disability[3]	• Discuss one idea at a time. • Summarise key points at the end of the conversation. • Check for understanding. For example, a worker could say, "I need to make sure I explain it properly. Please tell me if I'm not clear enough". • Showing the person you are listening by your body language (e.g. nodding)
Women with communication needs and/or sensory deficits[1]	• Ensure sign language interpreters, communication boards or assistive technology is available where necessary. • Arrange seating face-to-face, use familiar words and repeat questions if needed. • Ensure glasses and hearing aids are used if required. • Ensure the area is well lit.

Further things that may help a person with intellectual disability experiencing DFSV include[4]:

- Use short sentences – Keep it simple.
- Speak in plain English – Avoid slang.
- Take responsibility for misunderstandings – "Let me try explaining that again."
- Go at their pace – Don't rush. Give extra time if needed.
- Signpost the conversation, especially if there are a lot of topics to discuss – for example, "First, we will talk about what's happening at home. Then, we'll talk about your safety."
- Be flexible – Let them know you'll adjust to their needs.
- Ask who they would be comfortable talking to, if not you. For example, there may be another support worker the person has known for longer and would prefer to speak to.

References

1. **NSW Elder Abuse Helpline & Resource Unit** (2016) *Elder abuse prevention toolkit.* NSW Government. Available at: https://ageingdisabilitycommission.nsw.gov.au/tools-and-resources/for-professionals/downloadable-toolkits-and-flyers/elder-abuse-prevention-toolkit.html (Accessed: 6 March 2025).
2. **Dementia Australia** (2024.) *Talking to someone with dementia.* Available at: https://www.dementia.org.au/living-dementia/staying-connected/talking-someone-dementia#tips-for-talking (Accessed: 6 March 2025).
3. **WWILD Sexual Violence Prevention Association Inc.** (2019) *Module 1: Introduction to intellectual disability – factsheets.* Available at: https://www.wwild.org.au/wp/wp-content/uploads/2019/07/Module-1-Introduction-to-Intellectual-Disability_factsheets.pdf (Accessed: 6 March 2025).
4. **People with Disability Australia** (2022) *A handbook on supporting people with intellectual disability who have experienced domestic and family violence.* Available at: https://pwd.org.au/wp-content/uploads/2022/04/A-Handbook-on-Supporting-People-with-ID-who-have-Experienced-DFV-Final.pdf (Accessed: 6 March 2025).

Module 3

Responding to Domestic, Family and Sexual Violence (DFSV) of Older Women and Women with Disability

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Module 4

Identifying and Responding to Sexual Violence of Older Women and Women with Disability

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Ageing and Disability Commission