



**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

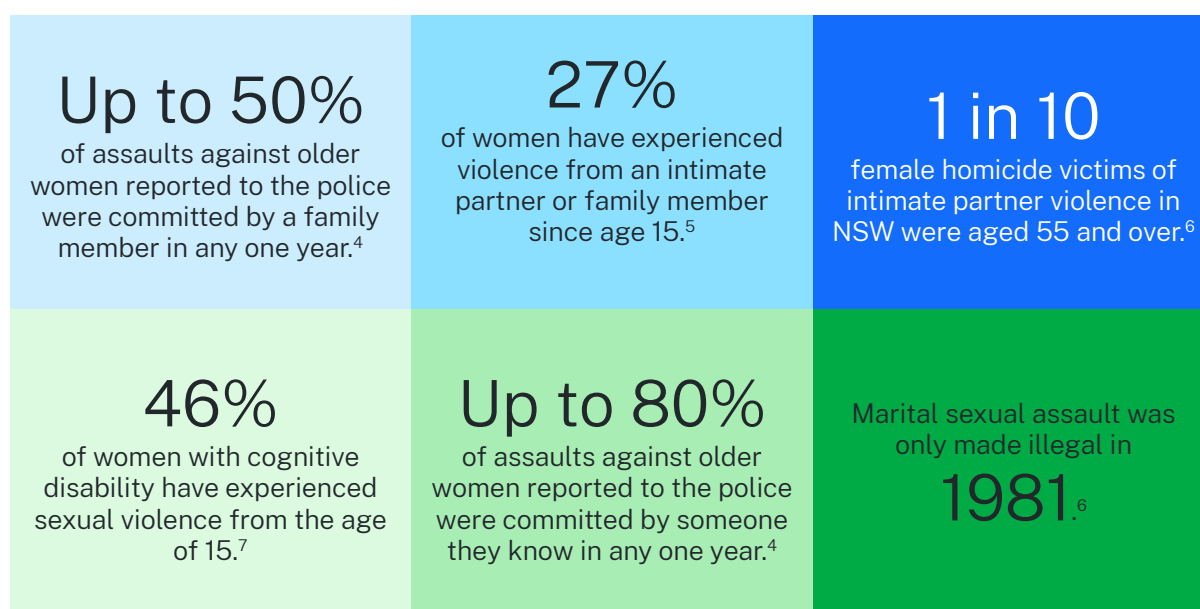
### Why focus on women?

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.<sup>1</sup>

### 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.<sup>2</sup>
- **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.<sup>3</sup>
- **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



## Types of disability

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

Type of disability	Definition
<b>Physical disability</b>	Affects mobility or physical capacity, e.g. cerebral palsy or spinal cord injuries.
<b>Intellectual disability</b>	Related to intellectual functioning and adaptive behaviours, e.g. down syndrome or developmental delays.
<b>Psychosocial disability</b>	Impacts from mental health conditions that affect daily functioning, e.g. schizophrenia, bipolar disorder, or severe depression and anxiety.
<b>Sensory disability</b>	Affects sight or hearing, e.g. blindness, vision impairment, and hearing impairments.
<b>Neurological disability</b>	Disorders of the nervous system that affect mobility, speech, or coordination, e.g. epilepsy, multiple sclerosis, Parkinson's disease and dementia.
<b>Learning disability</b>	Affects learning and processing, e.g. dyslexia.
<b>Acquired brain injury (ABI)</b>	Brain damage acquired after birth due to an injury, stroke, or illness.
<b>Chronic health condition</b>	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.<sup>8</sup>
- **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.<sup>8</sup>
- **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.<sup>8</sup>
- **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.<sup>8</sup>
- **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.<sup>8</sup>

## “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.



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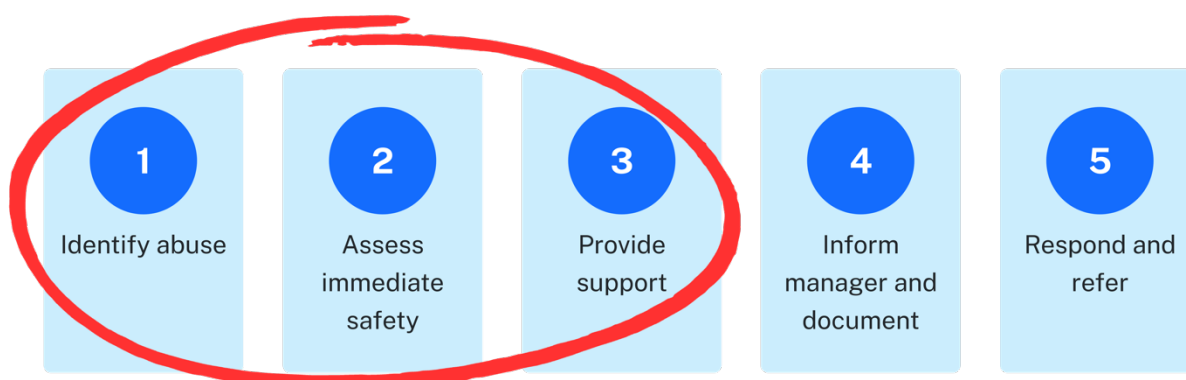
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## Module 2

### 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<sup>1</sup> 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.

#### Step 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
<ul style="list-style-type: none"> <li>• Treating the person like a child</li> <li>• Providing care in a way that increases dependency</li> <li>• Denying the person's right to privacy</li> <li>• Mistreating or neglecting pets or service animals</li> <li>• Blaming disability or age as the cause of abuse</li> <li>• Making threats to kill, harm, or commit suicide</li> <li>• Withholding affection</li> <li>• Exploiting confusion or cognitive impairment</li> <li>• Creating self-doubt (also referred to as gaslighting)</li> <li>• Making threats to place the person in an aged-care facility or group home.</li> </ul>	<ul style="list-style-type: none"> <li>• Feelings of helplessness or shame</li> <li>• Changes in self-esteem levels</li> <li>• Confusion, agitation, or social withdrawal</li> <li>• Unusual behaviour or displays of anger</li> <li>• Unexplained paranoia, fear, or anxiety</li> <li>• Decline in mental health</li> <li>• Disrupted appetite or sleep patterns.</li> </ul>

## Physical abuse

Behaviours towards the adult	Signs
<ul style="list-style-type: none"> <li>• Slapping, hitting, punching, or throwing objects at or near the person</li> <li>• Biting, burning, strangling, or choking</li> <li>• Rough handling during care or assistance</li> <li>• Locking the person in a room or restricting movement within the home</li> <li>• Using physical or medical restraints</li> <li>• Overmedicating or under-medicating to control behaviour or reduce independence.</li> </ul>	<ul style="list-style-type: none"> <li>• Internal or external injuries such as unexplained bruises, welts, choke marks, or burns</li> <li>• Cuts, fractures, or other injuries inconsistent with the explanation provided</li> <li>• Repeated or untreated injuries</li> <li>• Reluctance to seek medical help for visible injuries</li> <li>• Wearing clothing inappropriate for the weather to conceal marks</li> <li>• Signs of pain or discomfort that the person may be reluctant or afraid to discuss.</li> </ul>

## Sexual abuse

Behaviours towards the adult	Signs
<ul style="list-style-type: none"> <li>• Touching or penetration of the vagina or anus without consent</li> <li>• Exposing genitals or grabbing someone's genitals</li> <li>• Sexual contact without consent and other sexual behaviours</li> <li>• Forcing the person to watch pornography</li> <li>• Forcing the person to be naked</li> <li>• Taking or sharing intimate images without consent.</li> </ul>	<ul style="list-style-type: none"> <li>• Unexplained sexually transmitted infections (STIs) or incontinence</li> <li>• Injury or trauma to the genital or anal areas</li> <li>• Torn or bloody underwear or bedding</li> <li>• Difficulty walking, sitting, or pain during toileting</li> <li>• Unexplained injuries or bruises in intimate areas</li> <li>• And psychological signs such as anxiety, fear of being touched, or withdrawal from physical contact.</li> </ul>

## Financial abuse

Behaviours towards the adult	Signs
<ul style="list-style-type: none"> <li>• Making financial decisions without the person's consent</li> <li>• Signing documents without permission or through coercion</li> <li>• Taking or selling personal items without consent</li> <li>• Taking control of pensions, salaries, or other income and preventing access</li> <li>• Stealing money, property, or possessions</li> <li>• Misusing Power of Attorney for financial gain.</li> </ul>	<ul style="list-style-type: none"> <li>• Unexplained disappearance of personal belongings or valuables</li> <li>• Insufficient food in the home or no money to pay for essentials</li> <li>• Significant or unexplained bank withdrawals</li> <li>• Changes to wills or financial documents without consent</li> <li>• Lack of knowledge about personal finances or how money is being spent</li> <li>• Unpaid bills despite available funds.</li> </ul>



## Neglect

Behaviours towards the adult	Signs
<ul style="list-style-type: none"> <li>• Preventing access to food or not providing adequate meals</li> <li>• Failing to provide heat, proper care, or necessary medications</li> <li>• Failing to report medical concerns or take the person to medical appointments</li> <li>• Not purchasing or providing weather-appropriate clothing.</li> </ul>	<ul style="list-style-type: none"> <li>• Wearing weather-inappropriate, torn, or dirty clothing</li> <li>• Poor personal hygiene or a messy appearance</li> <li>• Lack of necessary medical or dental care</li> <li>• Lack of required assistive technologies</li> <li>• Unexplained weight loss, dehydration, or malnutrition</li> <li>• Untreated injuries or health conditions.</li> </ul>

## Coercive control

Behaviours towards the adult	Signs
<ul style="list-style-type: none"> <li>• Controlling health and body, such as restricting food, medication, aids or equipment</li> <li>• Restricting access to necessary services</li> <li>• Making decisions for the person that are against their wishes or without their involvement</li> <li>• Using tracking devices</li> <li>• Isolating by preventing access to family members, friends, or the community.</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation from family and friends</li> <li>• Excessive dependence on the perpetrator for decision-making or basic needs</li> <li>• Fear of making decisions without approval</li> <li>• Reluctance or fear to express opinions or preferences</li> <li>• Constant monitoring or restrictions on communication</li> <li>• Lack of access to money, personal documents, or resources</li> <li>• Being withdrawn from services or support.</li> </ul>

## Effective questions<sup>1</sup>

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
<ul style="list-style-type: none"> <li>• Speak in a safe place</li> <li>• Check the person has the required communication assistance devices</li> <li>• Use a professional interpreter service if required</li> <li>• Listen and believe the person</li> <li>• Ask the person what their wishes are</li> <li>• Offer referrals for specialist support</li> <li>• Report to your manager, document and keep accurate records</li> </ul>	<ul style="list-style-type: none"> <li>• Blame the person and ask what they did wrong</li> <li>• Make promises you cannot keep (i.e. about confidentiality)</li> <li>• Minimise or ignore signs of abuse</li> <li>• Confront the alleged perpetrator</li> <li>• Rush the person and pressure them to make a disclosure</li> </ul>

## Step 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.

## Step 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 <sup>1</sup>	<ul style="list-style-type: none"> <li>• Do not speak to the person like a child.</li> <li>• Minimise background noise.</li> <li>• Understand what the person wants. Don't assume you know because of their age.</li> <li>• Give the person your full attention.</li> </ul>
Women with dementia <sup>2</sup>	<ul style="list-style-type: none"> <li>• Always begin by identifying yourself and explain what it is you propose to do or talk about.</li> <li>• Look directly at the person and ensure you have their attention before you speak.</li> <li>• Speak calmly and clearly.</li> <li>• Don't insist on them trying to remember recent events.</li> </ul>
Women with intellectual disability <sup>3</sup>	<ul style="list-style-type: none"> <li>• Discuss one idea at a time.</li> <li>• Summarise key points at the end of the conversation.</li> <li>• 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".</li> <li>• Showing the person you are listening by your body language (e.g. nodding)</li> </ul>
Women with communication needs and/or sensory deficits <sup>1</sup>	<ul style="list-style-type: none"> <li>• Ensure sign language interpreters, communication boards or assistive technology is available where necessary.</li> <li>• Arrange seating face-to-face, use familiar words and repeat questions if needed.</li> <li>• Ensure glasses and hearing aids are used if required.</li> <li>• Ensure the area is well lit.</li> </ul>

### Further things that may help a person with intellectual disability experiencing DFSV include<sup>4</sup>:

- 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.

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# Module 3

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

### The 5-step approach to identifying and responding to DFSV<sup>1</sup>



This module will provide guidance on steps 4 and 5 of the 5-step approach.

### Step 4: Inform manager and document

Bringing any concerns to your manager about DFSV of the older woman or woman with disability you are supporting means that safeguarding actions can be put in place as soon as possible.

#### Important

It is very important you are aware of your organisation's guidelines and policies in relation to responding to DFSV.

If you are unaware, check your workplace guidelines and speak to your manager.

## Documentation

Why is it important to keep clear and accurate records when identifying and responding to DFSV?

- There may be multiple professionals and/or services involved. Accurate records ensure consistent and informed support.
- The information you have documented may be required to provide evidence.
- Documenting risks and actions taken can support safety planning and identify patterns of abuse.

What information must you include in the documentation?

Who	Who is involved, and what is the relationship between the person and the perpetrator of abuse?
What	<ul style="list-style-type: none"> <li>• What have you observed in relation to DFSV?</li> <li>• Are there other services involved?</li> </ul>
When	<ul style="list-style-type: none"> <li>• Are there specific dates and times that incidents have taken place?</li> <li>• If it is an ongoing pattern of behaviour, when was it first observed or disclosed?</li> </ul>
Where	Where did/does the DFSV take place?
Actions taken	Have you taken any actions so far? (such as speaking to management, contacting emergency services or making referrals)

## Documentation tips<sup>1</sup>:

- **Stick to the facts.**  
Fact example: The adult son of [client name] raised his voice, clenched his fists and repeatedly slammed his hands down on the table.
- **Avoid personal opinions.**  
Opinion example: The adult son of [client name] seemed very angry.
- **Use “quotation marks” to record exact words when needed.**
- **Describe any injuries.**
- **Record observed behaviour in detail.**



## Documentation example

Observation	Potential outcome	Documentation example
Sophie is an older woman who has mobility issues and uses a hearing aid. The frontline worker notices that whenever she visits Sophie, her hearing device is usually in a hard-to-reach place.	Sophie is not able to use her hearing device, possibly limiting her ability to communicate or access support.	[1 January 2024, 1pm] When I arrived, Sophie did not have her hearing device and did not know where it was. I found it in a kitchen cupboard. It had been put on the highest shelf, which Sophie could not reach without help.

## What if I follow these steps, but nothing happens?

You may find you have taken all the steps to support an older woman or woman with disability facing DFSV, but find that the report is not taken seriously or no action is taken.

The organisation you work for likely has a responsibility to keep people safe. It is very serious if they fail to do this.

### Continue to document everything

- This includes writing down what happened, who you told, and when.
- Keep records of emails, meetings and relevant communications.

### Escalate the concern

- Speak to a different manager, supervisor, or someone higher up.
- Contact your organisation's safeguarding team (if available).

### Seek external help or advice

- Report to the Ageing and Disability Commission (ADC), DFSV service or ageing and disability advocates.
- If there is immediate danger, call emergency services (000).

### Keep supporting the older woman or woman with disability experiencing DFSV

- Let her know she is not alone and that support is available.
- Keep advocating and find other pathways and services for support

## Step 5: Respond and refer

### Person-centred approach

“The victim-survivor should be at the centre, and everyone should be around them providing support”<sup>2</sup>

### Seek consent for referrals

Consent received	Did not consent
<ul style="list-style-type: none"> <li>• Make the appropriate referrals</li> <li>• Communicate any support needs and safety concerns with the service</li> <li>• Consider culturally appropriate services where possible.</li> </ul>	<ul style="list-style-type: none"> <li>• Ask if you can leave referral details for the person (if safe to do so)</li> <li>• Keep lines of communication open</li> <li>• Do not pressure or judge the person if they are not ready to receive support.</li> </ul>

### Best practice for referrals

- **Warm referral:** A warm referral is when you directly connect a person to another service or specialist, ensuring a smooth transition and offering support throughout the process. It can help reduce barriers and increase the likelihood of the person getting the support they need.
- **Identify needs:** Take specific needs into account where possible. For example, requesting female workers or accessing services tailored to older women, women with disability, CALD, First Nation's or LGBTQI+ women if the person consents.

### Information sharing

- Be open with the person you are supporting about when you may need to share information with others, such as in an emergency. This can help build trust and maintain a supportive relationship.
- Sharing information with the organisation you referred the person to can help make sure they get the right support. It can also avoid an older woman or a woman with disability having to repeat her experience to different people, which can be very distressing and cause further trauma.

## Reporting to the police

If the older woman or woman with a disability you are supporting would like to make a report to the police, it is important that she is aware of the support available to her. For example, this could include:

<b>Communication assistance</b>	Such as sign language interpreters, speech-to-text services, or alternative written materials (e.g., braille or large print).
<b>Accessible locations</b>	Is the police station accessible? Consider if the report needs to be made at an alternative safe location.
<b>Specialist police officers</b>	For example, you could request a police officer trained to help people experiencing DFSV, older people or people with disability.
<b>Attending with support workers</b>	A worker or advocate can help assist during the interaction with the police, provide emotional support and help navigate the process. The person could also get support from safe family or friends during this process if preferred.

## What if they are not ready to access DFSV support?<sup>3</sup>

- Remain in contact with them, even if they continue to stay in the environment, or in the care of the person perpetrating DFSV.<sup>6</sup>
- Where possible, continue to reinforce key messages such as reminding them they are not alone, and reassuring the person they are not to blame.<sup>6</sup>
- Respect their position and their cultural views on family and relationships.<sup>6</sup>
- Explore if the person would like referrals for other types of support. For example, social support, counselling, community groups, aged care or NDIS supports.<sup>6</sup>

### Remember

It is very important to remember the barriers older women and women with disability face, especially if they are not ready to seek support. See Barriers to accessing DFSV support on page 6.

## Decision making

Some older women and women with disability you work with may need support to make some decisions. For example, they may need:

- someone they trust to talk with them about the options and to give them time to think and respond
- information to be provided in a way they understand so they can make the decision
- to focus on only one decision at a time
- to have the conversation at a time and a place that works best for them
- to talk about the options more than once

## Safety planning

A **safety plan** helps someone stay safe if they are experiencing **DFSV**. It includes steps to protect themselves and their children, where to get help, and what to do in an emergency.

Below is an example of some key aspects of safety planning used by 1800RESPECT.<sup>4</sup>

- List the contact numbers for sexual assault, domestic and family violence support services
- List emergency contact numbers
- Identify a safe place to go if there is danger, and how to get there
- Identify a friend, family member or other trusted person who can assist in an emergency, and how to contact them
- Identify a way to get access to money in an emergency
- Identify a way to access emergency personal care assistance and support if required
- Identify a place to store valuables and important documents so they can be accessed when needed
- Specifically address any barriers to doing the safety plan (for example, leaving a pet behind, or having mobility or communication difficulties)

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# Module 4

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

### Step 1: Identify abuse

#### Definitions:

- **Domestic and family violence:** Any behaviour in a domestic relationship, that is violent, threatening, coercive or controlling and causing a person to live in fear for their own or someone else's safety. It is usually part of a pattern of ongoing controlling or coercive behaviour.<sup>1</sup>
- **Sexual violence:** Sexual violence is a term used to describe acts of a sexual nature that happen without consent. Sexual violence is not just physical acts such as rape, but also non-physical acts and behaviours. It can range from a single instance of harassment or assault to abuse perpetrated over long periods.<sup>2</sup>
- **Consent:** Consent can be broadly defined as a person freely and voluntarily agreeing to participate in an interaction. Consent must be 'informed', this refers to the need for a person to understand what they are consenting to, with nothing preventing them from providing their consent or changing their mind.<sup>3</sup>

#### Understanding sexual violence<sup>2</sup>



Sexual violence is gendered, meaning women are more likely to experience it, and men more likely to perpetrate it.

Sexual violence also occurs in same-sex relationships and relationships between gender diverse people.



It is one of the most under-reported forms of violence in Australia.

There are gaps in the data about sexual violence, especially sexual violence of older women and women with disability.



Sexual violence is most often perpetrated by someone the victim-survivor knows.

This includes intimate partners, family members, and people in caring positions.



Sexual violence can happen to anybody, regardless of their age, race, culture, disability or sexuality.

## Barriers to reporting sexual violence and receiving support

- Many older women have lived in a time where certain behaviours were seen as normal and/or legal, such as sexual assault within marriage.
- Society often excludes older women and women with disability from conversations about sexual violence, leaving them less aware of their rights.
- Victim-survivors with intellectual disability or cognitive decline may require additional support to help them recognise and understand sexual violence.
- Sexual violence may be considered a private or shameful matter, especially in some cultural or religious contexts.
- Older women and women with disability may be misled to believe that sexually violent behaviours are a normal aspect of 'providing care'.
- Perpetrators may deny sexual violence or blame the victim-survivor. This can make the older woman or woman with disability feel confused, guilty and ashamed.

## What is affirmative consent?<sup>4</sup>

- Consent is active, clear and ongoing.
- A person can change their mind and say no at any time.
- If someone does not fully understand what they are saying yes to, it is not consent.
- It cannot be assumed that someone is agreeing just because they don't say no.
- If someone is forced or pressured into sex, it's not consensual.
- Consent is needed for each sexual act. Agreeing to one act doesn't mean agreeing to others.

## Behaviours of sexual violence<sup>5</sup>

<b>Sexual assault</b>	<ul style="list-style-type: none"> <li>• Any form of sexual penetration without consent</li> <li>• Touching someone in a sexual way or making them perform sexual acts without consent</li> <li>• Pressuring, tricking, or coercing someone into having sex or performing sexual acts</li> <li>• Taking off or damaging a condom during sex without the other person knowing or agreeing</li> <li>• Using substances (such as drugs or alcohol) to enable sexual assault</li> </ul>
<b>Technology-facilitated sexual violence</b>	<ul style="list-style-type: none"> <li>• Non-consensual sharing of intimate images</li> <li>• Sending unwanted sexual images or messages</li> <li>• Making a person watch or be in pornography</li> <li>• Spying through technology (for example, a person undressing, using the bathroom, showering, bathing or engaging in sexual activity)</li> </ul>



Sexual harassment	<ul style="list-style-type: none"> <li>• Prolonged or suggestive staring that makes someone uncomfortable</li> <li>• Inappropriate physical contact</li> <li>• Inappropriate sexual comments or jokes</li> <li>• Catcalling</li> </ul>
Sexual exploitation	<ul style="list-style-type: none"> <li>• Forced prostitution</li> <li>• Sexual servitude</li> <li>• Offering food, money, shelter, or other necessities in exchange for sexual acts</li> <li>• Someone using their position of power to manipulate someone into sexual activity</li> </ul>

## Sexual violence disclosures

Sexual violence disclosures may happen over time through multiple comments or statements.

The person you are supporting may not use the language you expect for a disclosure, like saying “I was sexually assaulted.”

As you support the older woman or woman with disability, it's important to think about how she might communicate a disclosure, even if it's in different ways.



**Pay attention** to any comments made by the older woman or woman with disability and explore these further if it is not clear.



**Look out for changes in behaviour**, such as increased fear or anxiety, disturbed sleep patterns or withdrawn behaviour.

## Asking about sexual violence

1. Avoid asking too many questions as you could risk overwhelming or causing distress to the older woman or woman with disability.
2. Allow the older woman or woman with disability to lead the conversation and share information they feel comfortable with.
3. Consider which questions may be most appropriate to ask the victim-survivor.

**Example questions:**

- Can you tell me about what has been happening at home?
- If something was bothering you, would you feel comfortable talking to me about it?
- Has anyone ever touched or done something to you in a way that made you feel uncomfortable or violated, or threatened to do so?
- Has anyone continued to touch you after you asked them to stop?
- How does \_\_\_\_ respond when you don't want to do something of a sexual nature?
- How do you feel in situations when you don't want to take part in a sexual act?
- Has there been a time when you felt you couldn't say no to something of a sexual nature, even though you didn't want it to happen?
- Has anyone ever taken, sent, or shared images or videos of you without your permission, or threatened to do so?
- Has anyone ever shown you, or made you watch something of a sexual nature that made you feel uncomfortable?

**Step 2: Assess immediate safety****Sexual assault timeframes**

Term	Definition	Example
<b>Current</b>	During the period of time that the abuse is occurring.	For example, when the sexual abuse has been continuing over an extended period of time, such as weeks, months, or years.
<b>Crisis</b>	The assault occurred in the immediate past (hours to days).	For example, after a single incident or at the end of a prolonged period of sexual abuse.
<b>Recent</b>	The assault occurred within the past 12 months.	For example, physical injuries may or may not be healed, and other physical evidence may no longer be intact.
<b>Historical</b>	More than 12 months ago.	Many people who experience sexual violence do not make disclosures until years later. This could also include sexual abuse experienced as a child.

**Assessing immediate safety<sup>5</sup>**

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.

## Safety after sexual violence

- Does the perpetrator have any ongoing access to the older woman or woman with disability?
- Is the older woman or woman with disability safe from further sexual assault by the perpetrator?
- Can the older woman, woman with disability, or a trusted support person contact emergency services if needed?
- Have essential support needs (e.g., mobility, medication, or communication) been considered?

## Medical help after sexual violence<sup>5</sup>

Does the person need to go to the hospital, see a doctor, or get any kind of medical assistance?

- Physical health concerns after sexual violence could include injuries, pregnancy or sexually transmitted infections.
- A forensic examination may also be referred to as a “rape kit”. This is where they take samples of the perpetrator’s DNA from the person’s clothes and body. Evidence can be collected and stored without having to go to the police.
- To collect evidence, it’s important that the examination happens as soon as possible after the assault, ideally within 72 hours. However, evidence can sometimes be gathered up to a week after. **The doctor or nurse will inform the person if evidence can still be collected later.**

## Step 3: Provide support

### Support after a sexual violence disclosure<sup>6</sup>

An older woman or woman with disability disclosing sexual violence to you shows that they may trust you and see you as a supportive person.

Each person will respond to their experience in their own way and may seek different forms of support at various times.

Try not to let your own feelings (like shock, anger, or sadness) stop you from offering support. The survivor might mistake this response as being rejected or that sexual abuse is a topic that should not be discussed.

## Trauma-related effects of, and responses to sexual violence<sup>7</sup>

Everyone has a different way of responding to sexual violence - whether this is the days, weeks, months or years after it has occurred.

There is no right or wrong way for a victim-survivor of sexual violence to respond.

Trauma triggers are things that remind a person of a past experience and make them feel upset, scared, or uncomfortable. For example, these could be sensory (sight, smell, touch, sound), certain situations or emotions.

A coping mechanism is anything a person does to manage trauma or regain a sense of control.

Grounding exercises	Grounding is aimed at bringing us back into the present moment. <a href="#">These exercises</a> may provide relief when feeling anxious or overwhelmed, having distressing or unhelpful thoughts, memories, or strong emotions. <sup>8</sup>
Specialist support	For example, after experiencing a traumatic event, someone may use alcohol, drugs, or engage in self-harming behaviours to cope and may benefit from additional specialist support.
Looking after yourself	A disclosure of sexual violence may bring up strong emotions or trigger certain feelings for you. It's important to take care of yourself as well. After supporting someone, you might need to take a break, talk to a trusted colleague or friend, and use grounding exercises to help you reset.

## Step 4: Inform manager and document

### Documentation

Make sure you are aware of your organisation's guidelines and policies in relation to responding to sexual violence and check your workplace guidelines and speak to your manager to clarify.

Ensure the records you keep are clear, accurate and factual.

Remember that no incident or concern is 'too minor' to document.

### Informing management

Bringing any concerns to your management (whether you suspect, witness, or receive a disclosure of sexual violence against an older woman or a woman with disability) ensures that safeguarding actions can be implemented as soon as possible.

It may be useful to return to Module 2 if you want more detailed information on informing management and best practice in documenting DFSV.

## Step 5: Respond and refer

### Best practice for referrals after sexual violence

- Many older women and women with disability often face situations where decisions are made on their behalf or they are excluded from discussions about significant choices in their lives.
- Many victim-survivors report feeling a loss of control in their lives after sexual violence, particularly as it is an act of power and control over somebody.
- Prioritising the older woman or woman with disability's wishes is one way that you can help them to regain control in their life after sexual violence.

**Safe family or friends may be feeling shame, guilt or worry after knowing that their loved one has experienced sexual violence. They may also benefit from referrals for support.**

Refer to 'Best practice for referrals' on page 21 for information about **warm referrals** and identifying needs.

### What if they are not ready to receive support?

If the person you are supporting is not ready to receive support, emphasise that they do not have to take any actions they do not feel ready for and keep lines of communication open.

Similarly, never make an assumption that that an older woman or woman with disability may not want to report to the police or be referred for specialist support.

Whether the sexual violence occurred years ago, or they have previously declined a referral, they have a right to be informed of the support available to them.

If the person you are supporting is not ready to receive support relating to sexual violence, you can still explore if the person would like referrals for other services. For example, social support, counselling, community groups, aged care or NDIS supports.



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