



## Reflective practice

Identifying, preventing and responding to domestic, family and sexual violence of older women and women with disability

## Table of Contents

Acknowledgements.....	2
Acknowledgement of Country.....	2
Content warning .....	2
What is the reflective practice resource? .....	2
How to use the reflective practice resource .....	2
Reflective practice 1: Jean's story .....	4
Reflective practice 2: Alice's story .....	6
Reflective practice 3: Amie's story <sup>1</sup> .....	8
Reflective practice 4: Margaret's story .....	10
Reflective practice 5: Linh's story.....	12
Reflective practice 6: Marta's story .....	14

## Acknowledgements

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We would also like to thank the lived experience advocates and members of the project working group for their valuable contributions and support throughout the project.

## 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.

## Content warning

The material in this resource 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 Program (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

Privacy note: The information in this resource has been de-identified to protect people's privacy. All the names and identifying details have been changed.

## What is the reflective practice resource?

This tool is designed to support your reflection and learning as a professional working with older women and women with disability who may be experiencing domestic, family, and sexual violence (DFSV).

You can use this resource independently, with your manager or supervisor, or alongside a colleague or your team to support your ongoing professional development.

By engaging with the narratives, you will have the opportunity to reflect on your role in different circumstances, identify best practice, and consider the challenges and obstacles that you, your colleagues, and the people you support may face.

## How to use the reflective practice resource

This tool will guide you through different lived experience narratives, each accompanied by reflective questions about the older woman or woman with disability's individual circumstances. As you engage with these lived experience stories, you may also want to take the time to reflect on or discuss:

- What key points did I take away from this?

- Have I encountered similar situations in my current or previous roles?
- How did reading this lived experience make me feel, and why?
- How do I take care of myself outside of my professional role to manage the impact of working in environments that can be demanding and challenging?

If you would like some guidance using the reflective practice, you can refer to the reflective practice answer sheet. This may be helpful if you feel unsure about how to respond to a question, or if you would like to use it after completing your own reflections to compare different perspectives. We also encourage you to explore additional resources on the ADC website, including our online training modules designed to help you better identify, prevent, and respond to DFSV of older women and women with disability.

## Reflective practice 1: Jean's story

“

“I try not to make a noise...my son lives downstairs; he tells me not to make noise...I am afraid of the repercussions of triggering him. I stay awake all night because I am afraid of my son and in the day, I drive to the supermarket and sleep in my car.”

”

Jean is 76 years old and lives in a two-storey house with her adult son, David. David is 48 years old and has only had limited periods of living independently. David has mental health issues but refuses to seek any support. David is verbally abusive to Jean and possibly physically abusive as well as Jean is documented to have unexplained bruises on her arm when she is admitted to hospital for cataract surgery. David lives downstairs and at times has blocked the pathway for Jean to come downstairs and access the front door.

Due to a complication with the surgery, Jean was admitted to hospital for a few days. When it was time to leave, Jean asked to speak with a social worker. Jean disclosed that she was having a “difficult time” at home with her son and that she had a court case coming up. She disclosed that she had a verbal argument with David who called the police. She said she had been drinking at the time and had finally “lost it” with David.

The police had taken out an AVO against Jean, for David's protection. Jean was ashamed of her actions and fearful of what David would do next. She said that every time she raises the issue of David moving out, he becomes abusive, and she spends her days “walking on eggshells”. Jean spends her days in her car trying to keep out of the house and away from David, but the eye operation will stop her driving and getting around for a time.

Consider your role, and where you would fit into Jean's support system.

What steps could you take when you first notice the initial signs and indicators of DFSV?

How do you think Jean might feel about asking for help from services after a negative experience with the police?



## Reflective practice 2: Alice's story

“

“I have not had time to grieve for my husband and my son has moved in and taken over my life and my house, I just want him to go.”

”

Alice is 78 years old and lives in a small unit with her adult son. Alice's husband died 18 months ago. They had been married for 50 years. Her husband was both physically and verbally abusive. Alice had never sought support for the abuse. It became worse after he developed dementia. Alice was his carer for the years before he died.

Alice's only son, Murray (age 52) moved in soon after Alice's husband died. Alice didn't ask Murray to move in. Murray had recently lost his job and was unable to afford his private rental. Murray did not contribute to any household expenses. He told Centrelink that he was Alice's carer and tried to stop services coming to the house for Alice.

Alice had an ulcer on her leg that needed regular dressings, and she became friendly with the care worker that came to her house. Alice started speaking to the care worker about how Murray had taken over her finances and was verbally abusive to her if she didn't do as he asked. Alice said she was fearful of Murray's temper but also was dependent on him to be able to stay in her own home.

Expectations in society include that women should be caregivers and should keep their family unit together. How do you think this has impacted Alice throughout her life?

What might have made Alice feel comfortable to share with her care worker that her son Murray had taken over her finances and was verbally abusive to her?



## Reflective practice 3: Amie's story<sup>1</sup>

Amie is a woman with a physical disability and speech impairment. She lives with her de-facto partner, Gareth. Gareth would prevent Amie's disability support workers from providing her with basic care. Support staff reported that Gareth would humiliate and degrade Amie. He stopped staff from helping Amie shower, claiming that he did not want them to use all the hot water. Gareth also refused to allow staff to dress a serious pressure wound that required urgent attention.

When the support staff were not present at night, Gareth refused to assist Amie with essential tasks, including food preparation and continence aids. He would also control her access to basic household items and would use Amie's money to buy drugs.

Amie has a good relationship with her disability support worker, who took the time to listen and understand her views and wishes. She expressed that at this stage, she wanted to continue her relationship with Gareth, but was open to receiving other forms of support, such as a referral to a community social group.

<sup>1</sup> Extracted from ADC Annual Report 2023–2024 "Recognising coercive control"

How can key workers ensure they maintain an environment where Amie feels safe to express her needs or safety as the relationship continues?

Thinking about Amie's situation, how could a referral to a community social group benefit her? What other referrals or support may help Amie?



“Being heard is so important when your abuser is silencing you every day, particularly for older women who already feel like we are not as good as we used to be...”<sup>2</sup>



## Reflective practice 4: Margaret’s story

Margaret is a 72-year-old woman who lives in a remote area with her partner, Rosie (66 years). Margaret has a diagnosis of mild dementia and receives aged care support. Margaret experiences anxiety and has previously told her GP about this.

Margaret’s GP referred her to the Ageing and Disability Commission (ADC) after witnessing Rosie display aggressive and controlling behaviour. When Margaret tried to see her GP in private, Rosie refused to leave the room. She then grabbed Margaret by the arm and took her out of the clinic. Margaret later said she had a bruise on her arm from where Rosie grabbed her.

Margaret was able to speak privately with the ADC and initially described Rosie as “protective.” However, when asked more about it, she acknowledged that Rosie’s behaviour was controlling. Margaret described how Rosie does not like her friends and family and has caused tension and arguments between them. Margaret said that she used to be involved in a local group for older people in the LGBTIQ+ community but stopped attending and has lost contact with many of her friends.

When Margaret most recently went to lunch with her adult daughter and grandson, Rosie questioned her when she returned home. Margaret wants to be able to see her friends and family without worrying about how Rosie will react. Margaret told the ADC that Rosie’s verbal abuse worsens when Margaret stands up for herself.

While Margaret receives aged care support, Rosie controls what help she gets. Rosie only allows a nurse to visit once every two weeks and tells service providers that she knows best because she is Margaret’s full-time carer.

Community workers visit the home to assist with medication and care. From their perspective, Margaret manages her personal care independently, and the workers reported no concerns about DFSV, the state of the home, or any gaps in services. The workers commented that Rosie is pleasant to them and very involved in Margaret’s support.

Right now, Margaret does not want Rosie to be removed from the home, but she does want help to set clear boundaries. Some service providers had withdrawn support because of Rosie’s instructions, and Margaret wants this addressed to ensure she continues receiving the care she needs.

<sup>2</sup> **Quote from lived experience advocate:** ADC consultation for DFSV project. February/March 2025.

Why might service providers have missed or dismissed potential signs that Margaret was experiencing DFSV?

How can professionals ensure that Margaret feels in control of her choices?

## Reflective practice 5: Linh's story

“

“For domestic abuse that does not involve physical violence, it is hard to even accept that it is abuse...I felt ashamed because he had not used physical violence, and I felt that I didn't deserve the help.”

”

Linh, an older woman, experienced coercive control and emotional abuse from her partner throughout their 20-year relationship. Linh had moved to Australia from Vietnam on a partner visa with her partner, speaks English as a second language and had no other friends or family in the country.

After living in Australia for 18 months with her partner and becoming increasingly isolated by and fearful of her partner, Linh gained the courage to reach out for support at a police station. The police officer relied on a standard questionnaire to assess immediate danger, and decided Linh was not in danger. She did not connect Linh to a DFSV worker or offer her any other referrals for support, or provide Linh with information about coercive control and non-physical forms of violence.

A few months later when Linh's partner cancelled her partner visa, she became very frightened that he would also seek revenge in other ways. When she called the same police station for help, the police officer hung up on her because she wasn't speaking “calmly” enough. Linh felt silenced and erased once again.

For Linh, recognising and accepting that she had experienced abuse took time. She initially struggled to label her experience as “abuse” because there had been no physical violence, and she felt undeserving of help.

Linh reflected that if she had been asked specific questions about non-physical forms of abuse (such as whether her ex-partner had monitored her phone, made her feel guilty for certain actions, or denied that events had happened) it would have helped validate her experience and recognise the damage that her partner had caused.

Why do you think Linh found it difficult to validate her experience of abuse?

How could the Police have improved their responses to Linh's disclosures of abuse?



“You don’t want to cause trouble. If you report [DFSV]...you could end up in a worse situation...like ending up in a home or experiencing more violence.”<sup>3</sup>



## Reflective practice 6: Marta’s story

Marta is 29 years old and has an intellectual disability. Marta attends a disability support service 5 days a week. Marta has a good relationship with one of the disability support workers, and one day during a conversation asked the worker, “is it okay for family to sleep together?”.

The worker asked Marta what she meant by this. Marta said, “my cousin will sometimes sleep in bed with me and “she will sometimes tickle me”. Marta’s worker asked her to expand on what she said. Marta continued that her cousin “will touch me on the ‘lower places’” and confirmed that this was under her clothing.

Marta said that the first time this happened was last month when her cousin was visiting from Victoria. Marta told the support worker she was frightened for her parents to find out about this and said her cousin told her she would be in trouble if she told anyone, and that no one would believe her.

The support worker decided to hold a meeting with Marta and her parents to discuss the allegations of sexual assault and try get as much information as possible before discussing with management or making a police report.

During the meeting, the support worker discussed what Marta has disclosed and asked her to provide more information. Marta was visibly distressed and denied that the sexual assault happened. This was the first time Marta’s parents had heard about the sexual assault. They denied that Marta’s cousin would sexually abuse Marta and threatened to remove Marta from the disability service as a result of the allegation.

<sup>3</sup> Quote from lived experience advocate: ADC consultation for DFSV project. February/March 2025.



How could the support worker have helped Marta feel safe after she disclosed sexual abuse?

How would you advise Marta's support worker to respond to her disclosure of abuse in a trauma-informed way? Provide step-by-step examples.



**Ageing and Disability Commission**