



A Guide for DFSV Workers Assessing and Planning for Safety

Supporting Older Women and Women with Disability Experiencing DFSV

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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.

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.

A Guide for DFSV Workers Assessing and Planning for Safety

This resource has been created for specialist Domestic, Family and Sexual Violence (DFSV) workers or other frontline workers whose role involves supporting older women and women with disability experiencing DFSV. It is a tool to support assessing and planning for safety and considers the additional circumstances, barriers and risks that older women and women with disability may experience, or be at risk of experiencing.

It is important to assess and plan for safety when supporting someone who may be experiencing abuse, is preparing to leave an abusive situation, or after a victim-survivor has left an abusive relationship or situation. Assessing and planning for safety should always be led by, and done in partnership with the victim-survivor. Safety planning can take place continuously, in conversations with the victim-survivor and through different stages of their journey. Many victim-survivors may also benefit from a copy of a safety plan with key information, and it should be readily accessible by the person intending to use it.

Assessing and planning for safety should consider the additional barriers that older women and women with disability may face. For example, information included in usual safety planning resources may not be realistic, achievable, or safe for an older woman or a woman with disability or reflect their unique circumstances.

This tool should be used as a guide. We acknowledge that older women and women with disability have varying identities, experiences and circumstances, and experience DFSV in different ways. The relevance of the prompts included in this toolkit will vary depending on the person you are supporting and their circumstances, support needs and wishes.

You can 'select' the prompts that may be relevant to the person you are supporting as a reminder or make some additional notes on each page. Discussing all the prompts relevant to the person in one conversation, would likely overwhelm the victim-survivor, and not allow for thoughtful and intentional safety planning to take place. This tool is not an exhaustive list and there may be further considerations you would like to explore.

Use your professional judgement and knowledge to guide your approach, and reach out to a supervisor or management if you have any questions or concerns. You can also find further resources and training modules at www.adc.nsw.gov.au



General safety

- Check whether the person has access to a phone.
- If the person does not currently have access to a phone, consider whether it is safe to seek and provide a DV safe phone for their use.
- Ask if it's safe to call, leave voicemail messages or send texts before doing so.
- Ask the person what safety looks like for them and what makes them feel safe or unsafe.
- Explore what the person currently does to stay safe and consider how you can build on their existing strategies and strengths.
- Explore with the person if there are possibilities of reducing dependency on the perpetrator for care or support (such as referrals for aged care support).
- Provide options for increasing home safety, where appropriate (e.g., sensor lights, locks, personal alarms).
- Explore whether the person has supportive neighbours or people in the community they trust.
- Explore with the person if they have any safe spaces and where they are; such as a service or friends house.
- Explore with the person what they could do if they felt unsafe in a service or public setting.
- Respect the person's wishes if they do not want to take certain actions or engage with certain services.
- Ask if there are any locations they feel unsafe (e.g., home, neighbourhood, service sites).
- Discuss with the person that the perpetrator should not be aware they are working with a DFSV service, and that the perpetrator's abuse could escalate upon knowing this information.

Notes:



Emergencies

- Support the person to identify what an emergency situation is, and to help them identify specific circumstances that would be considered an emergency.
- Provide reassurance that if the person is unsure whether it is a "true" emergency, it is better to seek help than to hesitate or not seek assistance.
- Help the person develop their emergency plan, including who they would contact and where they would go.
- Explore any accessibility needs the person might have during an emergency response (e.g., mobility aids, transport needs, etc)
- Ensure any assistive technology or medical devices are included in emergency planning –and to identify any service providers that may need to be contacted.
- Ask if they would like to create a small emergency bag with essentials (e.g., medications, communicative devices, ID, phone numbers) and explore where it could be safely kept.
- Check whether the person would like to share an emergency plan with a trusted support person, and to identify who this person is.
- Discuss if emergency services (police, ambulance) have been contacted in the past and if the person has preferences or concerns about this.
- Ensure they know how to contact emergency services, including using accessible or alternative options (e.g., relay service, text services).
- Consider whether the person has responsibility for any children, grandchildren or other dependents and what arrangements would be required in an emergency.
- Consider whether the person has pets or service animals and what arrangements would be required in an emergency.
- Ensure the person knows they do not need available 'minutes' or 'credit' to call emergency services (000).
- Check if the person knows how to use the 106 Text Emergency Relay Service which allows them to contact triple zero (000) via text, connecting them to police, fire, or ambulance services through a relay officer (i.e. if the person has hearing or speech impairments).
- Encourage the person to keep their mobile phone charged and somewhere they can easily access at all times in case they need to contact emergency services.
- Provide a list of important contact people and services to call in an emergency.

Notes:



Fostering a welcoming and inclusive service environment

- Consider how your service can be more accessible for older women and women with disability.
- Ask the person how she prefers to be addressed (for example by her first name or a title like Mrs. [Last Name], etc)
- Help the person feel welcome and at ease in the service. (For example you could offer a hot drink and having a more relaxed setting for conversation, rather than a formal meeting-style arrangement)
- Make it clear that you want to be flexible to accommodate their needs, and that it is not a burden to do so.
- Ask the person if they identify as having a disability, and explain why you are asking, why it matters and how it helps the service provide better and safer support for them.
- Consider that there are many reasons why a person may not identify as having a disability, may not wish to disclose their disability, or may disclose that they have a disability in different ways (for example, an older woman with dementia may not identify as having a disability).
- Clearly explain your role and what your service can offer, and give the person time to decide if they want that support.
- Suggest that a safe support person could accompany the person to any appointments with the service, if she would like this.
- Use language that is respectful and inclusive of everyone and to encourage co-workers and service users to do the same.
- Understand what support they would like from the service and not assume you know because of factors such as their age or disability.
- Consider that the person may mistrust services or have had previous negative experiences, and to work to build rapport and trust with the person.
- Ensure that the person is aware of the services confidentiality and information sharing policies, before she shares any information with the service.
- Let the person know that they are welcome to get back in contact with the service at any time, if they do not currently feel ready to receive support.

Notes:



Service accessibility

Physical accessibility

- Check what physical adjustments may be needed for the person to attend your service for a face to face appointment - such as wheelchair ramps, proper lighting, quiet space and clear, accessible layouts.
- Take the time to ensure the person understands how they can get to their appointments (understanding public transport route, how to recognise the building, what to do when they arrive, etc.).
- Offer face to face appointments for the person.
- Check if the financial cost of attending the service is a barrier to the person you are supporting, and to explore possible solutions to this.
- Check if the person relies on the perpetrator for transport to appointments and where safe and possible, offer alternative transportation or options.
- Ask the person where they would feel most comfortable and safe to have an appointment.
- Offer flexibility in terms of appointment time and locations.
- Consider if the person lives in a regional or remote area and may have more difficulty accessing services, and to consider appropriate solutions where required.

Notes:



Informational accessibility

- Offer information sheets and have them available in different formats (such as braille and easy read) for topics such as confidentiality, and reporting to police.
- Check if the person has a preference of receiving information verbally, written or both.
- Check with the person if they have any additional communication needs and how you can support good communication.
- Consider if [safe] access to the internet, mobile phones or other forms of technology may be a barrier for the person.
- Use professional interpreters and to avoid using friends and/or family as interpreters due to confidentiality and safety concerns.
- Ensure sign language interpreters, communication boards or other assistive technology are available when necessary.
- Check the person's understanding regularly, and allow time and space for them to make decisions.
- Consider it may not be safe for the person to take home brochures or information on DFSV (for example if they live with the perpetrator, or the perpetrator has access to their home).
- Ensure the information provided to the person is appropriate for them and their circumstances and offer specialist service support where necessary.
- Work with the person to develop a common understanding of terminology related to DFSV including the language and terms the person uses to describe their experiences.

Notes:



- Ensure the person fully understands the service's information sharing policy, including when and how information may need to be shared with statutory services (e.g. Department of Communities and Justice) in relation to her children's safety.
- Explain clearly and respectfully the circumstances under which safety concerns involving the person's children must be reported (such as mandatory reporting) and explain why.
- Actively challenge stereotypes and assumptions about older mothers or mothers with disability, including assumptions about parenting capacity, safety, or risk.
- Consider how and when your role includes supporting and advocating for the person as a protective parent, especially when engaging with other services.
- Be aware of and empathetic to the person's potential fear of child removal, and consider how this may be influencing her help-seeking behaviour, disclosures, and decision-making.
- Discuss with the person that child contact with the perpetrator can often be a time of increased risk, and explore additional safety planning strategies to prepare for this (for example choosing public or supervised locations and ensuring the person is not alone during or after contact).
- Have a discussion with the person about having age-appropriate safety conversations with her child/ren about safety (for example how and when to call 000 and who to let into the house).
- Discuss with the person the benefits of the school being aware of any court orders (for example so they are aware of who can collect child/ren).
- Ensure the person keeps copies of childrens' passports, birth certificates and other important documents in a safe place, or with a trusted person.
- Offer the person support in documenting her efforts and actions to protect herself and her children, which can be used to advocate on her behalf with other services if required.

Notes:



Adult children

- Explore if the person is experiencing DFSV from an adult child, and support them in identifying and understanding the types of abuse that the adult child is perpetrating.
- Acknowledge the emotional complexity of experiencing DFSV from an adult child and to provide emotional support when needed.
- Help the person recognise that the behaviour from their adult child is a form of domestic and family violence and there is no excuse for DFSV.
- Explore if there are available services that specialise in supporting victim-survivors of DFSV perpetrated by adult children and if the person you are supporting would like a referral for this.
- Explore with the person if there are possibilities of reducing dependency on the adult child for care or support (such as referrals for aged care support).
- Ensure that the person understands that there are services that can provide support without requiring her to report her adult child to the police, or remove her adult child from the family home.
- Consider if cultural, religious or community factors may affect the person's decision making and choices relating to DFSV from an adult child.
- Identify if the adult child has control over, or monitors the person's phone, technology, finances, or movements.
- Identify and name behaviours such as pressure to change the person's will, threats tied to inheritance, taking or controlling her money, using her pension without consent, or blocking access to her finances as financial abuse.
- Consider societal expectations placed on older women such as the pressure to 'keep the family together' or for women to put family members needs above her own and the impact of these.
- Explore coercive or controlling behaviours related to family access and isolation from relatives (i.e. access to grandchildren) and how this may impact the person's decision making.
- Explore if connecting the adult child to services such as housing support, drugs and alcohol or mental health services could help improve safety of the person.
- Ensure the person feels supported in prioritising her own wellbeing and to acknowledge feelings (such as guilt or grief) in taking action against an adult child perpetrating DFSV.
- Explore if there are any appropriate peer support groups for the person and if she would consider being referred to these.

Notes:



Sexual violence

- Consider the timeframe of when the sexual violence took place (historic, recent or current) and how this will impact the response that the older woman may require.
- Reinforce the key message that sexual violence that is historical is just as serious as sexual violence that occurred in the immediate past.
- Check if the person feels physically safe at present, and explore immediate safety needs if required.
- Support the person with understanding that what happened to her was not her fault.
- Use accessible, non-clinical language when discussing the person's experience of sexual violence and check understanding throughout.
- Actively challenge harmful myths, such as the belief that sexual violence is less harmful to women with memory or cognitive impairments because they may not remember it as clearly.
- Explore any concerns about sexual health and discuss options for attending a clinic for testing, if she wishes.
- Check if the person needs physical assistance or assistance accessing transport to be able to attend appointments (e.g., sexual health services, support centres).
- Talk through possible physical impacts of sexual violence, such as STIs, or injury (external or internal), in an appropriate way, using resources to assist if required.
- Discuss the possible emotional effects of sexual violence, such as fear, anxiety, depression, panic attacks, flashbacks, withdrawal, guilt, or shame, and provide appropriate support if required.
- Explain that sexual violence is a crime, and that the person has the right to report it to the police if she chooses.
- Reassure the person that support is available throughout the reporting and legal process, if she wishes to pursue that path.
- Discuss who, if anyone, she would like to have with her for emotional support during appointments, medical visits, or reporting processes.
- Discuss and explore common myths and misconceptions about sexual violence, including those that may be specific to older women and women with disability (when appropriate).
- Explore different coping strategies that may help her manage the impact of her experience.
- Guide the person through grounding techniques that can support her in feeling safer and more present.
- Normalise and validate the person's response to the sexual violence, and discuss how our reactions — such as fight, flight, freeze, flop or friend — are natural survival responses that help keep us safe.
- Explain what consent is, using available resources to assist if required.
- Reinforce the fact that sex without consent is rape, including within relationships or marriage.



Sexual violence

- Ask the person if she would like to attend a sexual assault support centre if available in her area, and provide support with accessing this if she wishes.
- Provide clear and sensitive information about what a forensic medical examination involves, and ensure the person understands that it is her choice if she wishes to attend.

Notes:



Technology facilitated abuse

- Explore whether the person uses a mobile phone, computer, tablet, or smart devices.
- Find out whether the perpetrator has access to or control over any of the person's digital devices or accounts.
- Explore if the perpetrator limits or restricts the person's use of phones, computers, or internet access.
- Explore if the perpetrator has installed or may have installed spyware, tracking apps, or GPS tracking on her devices.
- Offer specialist referrals for technology facilitated abuse and stalking if the person consents.
- Identify if the perpetrator monitors online activity, call logs, messages, or internet use.
- Ask if the perpetrator sends unwanted messages, images, or threats via text, email, or social media.
- Ask whether the perpetrator reads or deletes the woman with disability's messages, emails, or social media interactions.
- Identify whether the person has received threatening or intimidating calls or voicemails from blocked or unknown numbers.
- Explore if the person may be at risk of fraud, identity theft, or the misuse of her personal or financial information from the perpetrator.
- Discuss safe ways of communicating with support services, including private browsing and deleting history.
- Support the person in reviewing and updating privacy settings on her devices and online accounts.
- Consider helping the person set up new, secure passwords and store them safely.
- Explore whether the person feels confident using technology or would like support to build skills and independence online.
- Ensure the person knows how to access support services digitally, including websites and helplines.
- Explore whether the person wants to report technology-facilitated abuse to the police.

Notes:



Technology facilitated abuse

Assistive technology

- Explore if the person uses any assistive technology (e.g., speech generating devices, communication aids, screen readers, braille displays, magnification software).
- Explore use of personal alert or emergency response systems such as pendant alarms or other wearable safety devices.
- Assess whether the perpetrator has access to any assistive devices or controls and how this may impact the persons safety and independence.
- Discuss whether the perpetrator interferes with, damages, or disables the persons assistive technology or aids.
- Consider including trusted family members, friends, or support workers in assisting with the maintenance and safe use of assistive technology.

Notes:



Dementia (and other forms of cognitive impairment)

- Understand the various types of dementia and how symptoms can differ from person to person.
- Be informed of the misconceptions around dementia and how this may impact the person you are supporting.
- Understand how the person prefers to communicate, and use suitable approaches (e.g., clear, simple language and visual cues) to support her understanding and participation.
- Prioritise the person's wishes and choices and recognise that a dementia diagnosis does not automatically mean the person cannot make her own decisions or express her needs.
- Consider whether the DFSV perpetrator is using the person's dementia diagnosis as part of coercive control (e.g., minimising abuse, gaslighting, withholding medication, misrepresenting her views).
- Ensure that any assessments (i.e. needs assessments) include the person's views, and are not based on third-party reports (e.g., family members, carers).
- Ensure the person is regularly given a private and confidential space for general check in's but also to allow a safe opportunity to disclose DFSV.
- Consider how cognitive impairment might impact the person's ability to report abuse.
- Patiently repeat information to the person when needed.
- Allow extra time for conversations and decision-making, recognising that factors such as fatigue and stress may worsen symptoms of dementia or other forms of cognitive impairment.
- Consider that the effects of dementia vary from person to person, and may impact mood, memory, thinking, and behaviour.
- Revisit conversations with the person over time if needed.
- Involve trusted support persons if requested by the person, and with her consent.
- Work collaboratively and share expertise with specialist services, where needed, to provide cross-sector and trauma-informed support.
- Appropriately escalate concerns by reporting to your manager and/or other involved specialists (for example if you observe a significant decline in cognitive function or increased risk of DFSV).

Notes:



Perpetrator

- Discuss the perpetrator's housing situation with the person and understand how this may impact her safety and choices.
- Explore with the person if the perpetrator uses drugs or alcohol, and the impact of this on her safety.
- Explore with the person if the perpetrator has any mental health support needs.
- Identify with the person any known triggers or patterns in the perpetrator's behaviour that may signal an increased risk of DFSV behaviours.
- Explore with the person if the perpetrator has had any involvement with the criminal justice system.
- Find out if the perpetrator is engaged with any support services, and to consider if multi-agency work and information sharing could improve the person's safety and circumstances.
- Consider whether the perpetrator is resistant to accessing support services, and consider how this may impact the women's circumstances.
- Explore any other areas of safeguarding (such as if the perpetrator works with children or vulnerable people) and to discuss with management if so.
- Confirm if the perpetrator has or may be able to gain access to firearms or other dangerous weapons and to alert the appropriate authorities (such as the police) if so.

Notes:



- Explore the person's financial situation and how it may impact her safety -both day to day and in an emergency situation.
- Support the person to report any suspected misuse or financial exploitation related to her NDIS plan or disability supports to the NDIS Quality and Safeguards Commission.
- Discuss options for changing NDIS plan nominees, support coordinators, or providers if the current arrangements are unsafe or influenced by the perpetrator.
- Explore whether the person is receiving the Age Pension, Disability Support Pension or any form of government benefits, and to provide information on how to access or change these payments if needed.
- Discuss options for changing plan nominees, support coordinators, or providers if the current arrangements are unsafe or influenced by the perpetrator.
- Identify if the person's access to finances could be restricted or monitored by the perpetrator.
- Discuss how the person's financial independence may be impacted by the perpetrator.
- Provide accessible information on financial support services and support the person to apply for grants or financial assistance if relevant.
- Explore whether the person is receiving the Disability Support Pension or any form of government benefits, and to provide information to them or a trusted support person on how to access or change these payments if needed.
- Check that the person or trusted support person has access to their Centrelink account and any relevant documentation, such as payment summaries or income assessments.
- Discuss options for securing financial independence (such as opening a bank account in the person's name or applying for other financial assistance) and when it may be safe or relevant to do so.
- Explore and offer specialist referrals to services that may be able to assist with debts or bills that may have been accumulated by the perpetrator as a result of financial abuse.
- Explore options for financial counselling or advice, particularly with organisations that specialise in supporting older people, people with disability or victim-survivors of DFSV.

Notes:



Decision making

- Reinforce the key message that the person has the right to make her own decisions.
- Challenge any assumptions (i.e. by other professionals, services or family members) that others should make decisions on the person's behalf.
- Ensure the person's right to make her own decisions is upheld, and avoid making any assumptions related to decision-making based on her disability or any other factors.
- Involve an elected support person in decision-making if this is the person's preference.
- Have decision-making conversations at a time, pace, and environment that best supports the person to participate fully.
- Consider that the DFSV perpetrator may be making decisions for the person against her wishes as a part of coercive control.
- Give the person time to think through her choices, and to avoid rushing her decision-making process.
- Acknowledge that disagreeing with someone's decision does not mean that they do not have 'decision-making capacity'.
- Ensure that support is provided to enable the person to make her own decision as much as possible.
- Explore whether the perpetrator may be limiting the person's decision-making or making decisions on her behalf as part of coercive control.
- Support the person to make informed decisions by providing appropriate tools, resources, and communication supports.
- Discuss with your manager if you have concerns about the person's decision-making capacity, and advocate for rights-based support if required.
- Refer the person to legal services for advice on reviewing or revoking any Enduring Power of Attorney, Enduring Guardianship appointments, or financial management/guardianship orders, if appropriate and the person consents.

Notes:

Additional notes



Ageing and Disability Commission