**Case study four: Maria**

**Tool 1 - Checklist: Developing safety plans with adults with care and support needs experiencing domestic abuse**

Professionals advising adults with care and support needs (referred to here as ‘adults’) and managing safety plans should:

- Establish how the survivor can be contacted safely and seek their permission to pass this information onto all professionals in contact with them
- Establish the location of the perpetrator, if separated from the adult
- Establish if the perpetrator is the adult’s carer.
- Obtain the survivor’s views about the level of risk
- Determine methods to facilitate any existing child contact arrangements safely
- Ensure that the survivor has the means to summon help in an emergency
- Identify where a survivor might go if they have to leave quickly and what they will take with them
- Encourage victims to report all incidents to the police or other organisations that will record the incident and maintain accurate and detailed records
- With their permission, refer the survivor to organisations that provide specialist support and advice
- Refer the case and details of the safety plan to a Multi-Agency Risk Assessment Conference (MARAC) in cases identified as high risk
- Encourage the victim to seek professional advice about legal and financial matters and child contact
- Inform survivors of criminal or civil law provisions which may be applicable, e.g., restraining or non-molestation orders
- Make survivors aware of the potential pitfalls of social media use, e.g. identifying current location through status updates/geo-location systems on smartphones which automatically update to publicly display current location
- Consider that victims with insecure immigration status, from minority ethnic communities, victims with disabilities or from socially isolated communities may fear contact with the police
- Where appropriate and safe to do so, involve the survivors’ friends, family or neighbours in the safety planning process where appropriate and safe to do so
- With permission, involve others professionals in the plan such as support workers, GPs, drug and alcohol services, mental health workers, schools etc.
- Encourage the survivor to keep a diary (where you have established it is safe to do so).
- Assess whether the adult has the mental capacity to make informed choices about how to protect themselves.
- Consider coercive control and the new law. Consider if there is evidence of this – i.e. isolation, control, intimidation, financial abuse.
- If you are aware that the adult is accessing other support services, consider who is offering specialised support for domestic abuse.
- Be aware of safety and confidentiality particularly around sensitive documentation for the survivor.
- Where the perpetrator is a caregiver, discuss how the survivor could continue to maintain their independence if they were to cease contact with the perpetrator.
People with Disabilities in Partner Relationships

Power and Control

Targets Disability with Physical and Sexual Abuse

Coercion and Threats
- Threatens to leave or to take children - Says will kill partner, children, pets or service animals - Threatens to have partner arrested or institutionalised - Forces use of alcohol or drugs on addicted partner - Makes partner steal or buy drugs

Withhold Support or Treatment
- Steals or throws away medication - Doesn't provide medicine or support when needed - Doesn't allow needed medical treatment - To decrease dependence, breaks or doesn't let partner use assistive devices (phone, wheelchair, cane, walker, etc.)

Privilege (Ableism)
- Overprotects - Makes decisions alone - Creates physical barriers to getting around (moves furniture, leaves curtain) - Keeps talk on partner for "safety" reasons because of disability - Takes over tasks to make partner more dependent

Emotional Abuse
- Insults and shame about disability - Gives conflicting messages by both helping and hurting - Sneaks up to stable - Abuse more as partner becomes independent - Drives dangerously to scare - Disrespects boundaries - Talles down to partner - Armaments by not letting partner sleep

Economic Abuse
- Controls all money - Uses partner's disability income for self - Does not share expenses because being partner to person with a disability is a "target" - Does not allow partner to work and be economically independent

Isolation
- Pressures to give up disability services - Confining and restrains to restrict access to others - Exposes disability (AIDS, mental illness, etc.) to others - Isolates - Limits contact with others - Threatens friends - Says no one else cares

Sexual Abuse
- Forces sex when partner unable to physically resist - Humiliates sexually because of disability - Makes decisions about birth control, pregnancy - Cheats and lies (does not think partner will know because of disability) - Pressures partner into prostitution

Minimize, Deny and Blame
- Lies about abuse to others - (Gives partner is crazy, fell out of wheelchair, is forgetful, just didn't take medications) - Blames disability for abuse - Twists reality, says abuse did not happen

Created by SafePlace

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