



Buckinghamshire Council

Disability and domestic abuse risk assessment

This risk assessment has been developed by Buckinghamshire Council and Talkback-UK, following our intensive work looking at how we can improve outcomes for disabled survivors.

It is not meant to replace the national DASH risk assessment but to be used alongside it.

It has been adapted from an assessment developed by Stay Safe East, which has been successfully used in Waltham Forest.

It is a tool to enable practitioners to identify the specific risks which arise from the power the abuser holds over a victim because he/she/they have a disability, and in many cases because of the specific nature of the relationship e.g. the abuser is also the 'carer' (or claims to be).

This does not mean the survivor is inherently vulnerable because they are a disabled person, but that they are in a situation where abuse, lack of power, and the barriers they face accessing help, puts them more at risk.

If you have any questions about the risk assessment, or would like to discuss a case with us, please email faye.blunstone@buckinghamshire.gov.uk. **Please do not send any confidential information.**



ADDITIONAL DISABILITY RELATED QUESTIONS

1. General information

This page is not part of the scoring risk assessment but is used to find out if the victim is a disabled person and has access or support needs which are essential to keeping them safe.

	Yes	No	Not sure
Do any of the following apply to you? Please tick the relevant box(es).			
Physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited/no vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited/no speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited/no hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability <i>(You might have a learning disability if you've always found a lot of things you're told confusing, or if you've always needed help to complete certain daily tasks e.g. managing money or paying bills)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning difficulty <i>(Dyslexia, dyspraxia, dyscalculia, and ADHD are all learning difficulties)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism, Asperger's or other autism spectrum disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other long term health condition (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of the children in the household have any of the conditions described above? <i>If yes, please give details:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any other adults in the household affected by domestic abuse elderly or disabled people? <i>If yes, please give details:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Access, support and communication needs

Please use this box to include any information about the victim's needs – for example if she/he needs personal care or other daily assistance, transport, information in large print, or a British Sign Language Interpreter. This is especially important if the victim has communication needs (e.g. does not use the phone) which impacts on the ability of professionals to contact them

If the victim says yes to any of the above questions, please go to the next page and ask the disability risk assessment questions.

2. DISABILITY RISK ASSESSMENT

Please expand on any Yes answers. Please note the examples in brackets are not to be read out, but can be used as prompts.	Yes	No	D/k	Source if not the victim
<p>D1. Do you rely on [perpetrator] for practical help or communication (e.g. washing, dressing, help with eating or taking medication, help with getting out of the home or with travelling, managing money, reading, speaking etc)? If yes, please give details:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>D2. Does he or she use this reliance to control you (e.g. refusing you medication or help to eat, doing things deliberately to make your condition worse etc)? If yes, please give details:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>D3. Is refusing to let you access support relating to your needs? (e.g. refusing to let carers, personal assistants, GP or social workers into the home, or controlling your access to support services). If yes, please give details:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>D4. Isabusive to you/your child directly because of your/your child's disability (e.g. calling you names, mocking your disability, blaming you)? If yes, please give details:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>D5. Are there any concerns around the victim's capacity to make her/his own decisions? NB If the victim is deemed not to have full capacity, or if there is any doubt, a referral <u>must</u> be made to Adult Safeguarding.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>D6. Any other factors relating to the victim's disability or their situation which might put them at risk? If yes, please give details:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total 'yes' responses out of 6 disability risk assessment questions
Note: Please do not add this score to the standard CAADA risk assessment. Please note the score under your reasons for referral to MARAC.

If you have any questions about this Risk Assessment, please contact Faye Blunstone Email: faye.blunstone@buckinghamshire.gov.uk or Tel: 01296 382179 **DO NOT SEND ANY CONFIDENTIAL INFORMATION**

