Youth in Detention DV Risk Assessment

Parent/Caretaker Name_____

Youth Name_____

Date: _____

Please describe the incident that led to your teen coming to detention.

Have you called the police before? How many times? What was the outcome? (Arrest, detention or no action taken by officer)

Was this the most severe incident of violence by your teen? If not, please describe the most severe incident of violence by your teen.

the victim. Physical abuse	How Often	Victim (mom,	
<u>siblings)</u> Slap			
Push			
Grab			
Punch			
Kick			
Choke			
Use knife or other weapon (Use or threaten)			
Other physical (describe)			
Threats Threat to hurt		How Often	<u>Victim</u>
Threats to kill			
Property Destruction Throwing or breaking things			
Hitting/kicking /punching walls or doors			
Other property destruction (desc	cribe)		
<u>Verbal Abuse</u> Screaming or yelling			
Name calling			
Put downs, humiliation, hurtful w	vords		

Circle the behaviors your teen has used, how often it has occurred, and who was the victim.

How fearful are you about your teen harming you or others in your home? Please circle the number on the scale below:

1 - never 2 - rarely 3 - sometimes 4 - often 5 - much of the time

What are your safety concerns? What are you most concerned he/she might do?

Are others in the home afraid of your teen (siblings or other family members)?

How do they respond when your teen is violent?

Are there any weapons in your home? Does your child have access to a weapon?

What precautions, if any, have you taken for safety in your home?

How have you responded to your teen's violence or abuse in the past?

Is there another parent/caretaker in the home? How does s/he get along with him/her? How does he/she respond to your teen's behavior?

Has s/he ever experienced any violence or trauma?

Has s/he ever been a victim of abuse? (Sexual Emotional Physical)

Does your teen have mental health issues? If so, please describe the diagnosis and treatment.

Has your child ever talked about suicide or made attempts? If, so please describe, including date of last incident.

Is your teen or family receiving counseling services currently? In the past?

Has your teen ever been to the hospital for mental health problems, or for being at risk for harm to self or others?

Do you think your child uses drugs or alcohol? If so,how often? Has s/he received chemical dependency treatment?

Who can you go to for support or help? (friends, family, counselor, church, etc.)?

What kind of support would be helpful to you?

What is your major concern about your child returning home?

Is there anything else you would like to tell us?

Summary of Major Concerns:

Plan: