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.

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

Physical abuse How Often Victim (mom, dad, siblings)

Slap

Push

Grab

Punch

Kick

Choke

Use knife or other weapon
(Use or threaten)

Other physical (describe)

Threats How Often Victim

Threat to hurt

Threats to kill

Property Destruction

Throwing or breaking things

Hitting/kicking
/punching walls or doors

Other property destruction (describe)

Verbal Abuse

Screaming or yelling

Name calling

Put downs, humiliation, hurtful words

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: