

BIRMINGHAM ASB VICTIM VULNERABILITY ASSESSMENT MATRIX

Part A. Incident Seriousness Assessment		Response/Score (Please Tick v)				Evidence/Comment
1. Hate Crime	Is this incident associated with the victim's faith, nationality, ethnicity, sexuality, gender or disability	Yes	No	Not Known		
		TRIGGER	0	1		
2. Violence	Did the incident involve the use or threats of violence	Yes	No	Not Known		
		TRIGGER	0	1		
3. Frequency	How often does this ASB take place	Daily	Weekly	Fortnightly to Monthly	This is the first occurrence (now go to section 5)	
		6	4	2		
4. Duration	When did the (first) incident take place	More than 6 months ago	Between 1 and 6 months ago	Between 1 week and 1 month ago	In the last 7 days	
		6	4	2		
5. Perpetrator	Are the victim and the perpetrator known to one another, or part of the same close knit community/social group	Yes	No	Not Known		
		4	0	1		
	Is/are the perpetrator, their associates or their family known for or suspected of previous acts of retribution, violence, intimidation, harassment	Yes	No	Not Known		
		TRIGGER	0	1		
	Does the victim live close to the perpetrator	Yes	No	Not Known		
		4	0	1		
	Is the victim afraid to leave their home as a result of this incident	Yes	No	Not Known		
		4	0	1		

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Part B. Victim Vulnerability Assessment		Response/Score (Please Tick ✓)				Evidence/Comment
1. Mental Health	Does the victim have learning difficulties or suffer from dementia	Yes	No	Not Known		
		TRIGGER	0	1		
	Does the victim suffer from any acute phobias and/or severe anxiety (e.g. shortness of breath, palpitations, dizziness)	Yes	No	Not Known		
		TRIGGER	0	1		
	Does the victim have any history of self-harm or have they talked about self-harm or suicide	Yes	No	Not Known		
		TRIGGER	0	1		
	Is the victim prone to severe mood swings and/or aggressive outbursts or violence	Yes	No	Not Known		
		TRIGGER	0	1		
	Is the victim being prescribed medication for a mental illness, anxiety or depression	Yes	No	Not Known		
		TRIGGER	0	1		
	Are there any other concerns about the victim's mental health	Yes	No			
		4	0			

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Victim Vulnerability Assessment (continued)		Response/Score (Please Tick ✓)				Evidence/Comment
2. Physical Health	Is the victim registered disabled	Yes	No	Not Known		
		TRIGGER	0	1		
	Has the victim's health been severely affected by this incident	Yes	No	Not Known		
		4	0	1		
	Does the victim suffer from heart problems/high blood pressure/stroke symptoms	Yes	No	Not Known		
		TRIGGER	0	1		
	Is the victim known or suspected to be an abuser of drugs or alcohol	Yes	No	Not Known		
		TRIGGER	0	1		
	Are there any other concerns about the victim's physical health	Yes	No			
		4	0			
3. Isolation	Are there any children or vulnerable adults living with or dependent on the support of the victim	Yes	No	Not Known		
		4	0	1		
	Does the victim live alone	Yes	No	Not Known		
		4	0	1		
	Does the victim have regular contact with friends and/or family (at least fortnightly)	No	Yes	Not Known		
		4	0	1		
	Does the victim live in a high crime neighbourhood	Yes	No	Not Known		
		2	0	1		
	Is the victim's first language different from the majority language spoken in the local area	Yes	No	Not Known		
		2	0	1		

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Victim Vulnerability Assessment (continued)		Response/Score (Please Tick ✓)				Evidence/Comment
4. Victimisation	Has the victim suffered domestic abuse or any other severe bullying, harassment or violent crime in the past	Yes	No	Not Known		
		TRIGGER	0	1		
	Has the victim been the subject of any previous ASB incidents	Yes	No	Not Known		
		4	0	1		
5. Service User*	Is the victim and/or any of their dependents a current user of any NHS Mental Health Service and/or local authority adult and/or children's services	Yes	No	Not Known		
		TRIGGER	0	1		

*If the answer to Section 5 above (Service User) was **YES**:

Please provide details of any key contacts	Agency 1		Agency 2		Agency 3		Agency 4	
Name/Role								
Agency								
Telephone Number								
Do we have permission to contact this person	YES	NO	YES	NO	YES	NO	YES	NO

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Scoring Chart¹

Are there any **Trigger** risks/vulnerabilities from the above matrix? Yes ☐ No ☐ (Please Tick). If **YES** treat the referral as **High Priority/Category A**.

Please record (✓) the Incident Seriousness **and** Victim Vulnerability scores from the matrix on the appropriate scorecard below. Refer to the Prioritisation Matrix below to identify Case Priority.

Part A. Incident Seriousness Score																							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Low Seriousness						Medium Seriousness								High Seriousness									

Part B. Victim Vulnerability Score																															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Low Vulnerability												Medium Vulnerability												High Vulnerability							

Prioritisation Matrix				
Incident Seriousness				
Victim Vulnerability		HIGH	MEDIUM	LOW
	HIGH	TREAT AS CATEGORY A	TREAT AS CATEGORY A	TREAT AS CATEGORY A
	MEDIUM	TREAT AS CATEGORY A	TREAT AS CATEGORY B	TREAT AS CATEGORY B
	LOW	TREAT AS CATEGORY A	TREAT AS CATEGORY B	TREAT AS CATEGORY C

¹ Scores are for guidance purposes only and do not preclude the need for professional judgement and/or additional consultation

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Notes/Additional Assessment Information