

# Annex D

## Risk Assessment Matrix

### Richmond Housing Partnership

ASB matrix

Total Score:

History	<b>1. Other than this occasion – how often do you have problems?</b>	5	Daily	
		3	Most days	
		2	Most weeks	
		1	Most months	
		0	Only occasionally	
	<b>2. Do you think the current incident is linked to previous incidents? If so why?</b>	2	Yes	
		0	No	
	<b>3. Do you think that incidents are happening more often and/or are getting worse?</b>	2	Yes	
		0	No	
	<b>4. Do you know the offender(s)?</b>	2	They know each other well	
		1	They are 'known' to each other	
		0	They do not know each other	
	<b>5. Does the perpetrator (or their associates) have a history of or reputation for intimidation or harassment?</b>	6	Perpetrator or their associates are currently harassing the complainant	
		4	Perpetrator or their associates have harassed the complainant in the past	
		2	Perpetrator or their associates have not harassed the complainant, but have a history or reputation for harassment or violent behaviour	
		0	Perpetrator or their associates have no history or reputation for harassment or intimidation	
	<b>6. Have you informed any other agencies about what has happened? If yes, please provide details below.</b>	0	Yes	
		1	No	
	<b>Details:</b>			

Vulnerability	<b>7. Which of the following do you think that this incident deliberately targeted?</b>  Specify:	4	You
		3	Your family
		1	Your community
		0	None
	<b>8. Do you feel that this incident is associated with your faith, nationality, ethnicity, sexuality, gender or disability?</b>  Details:	3	Yes
		0	No
	<b>9. In addition to what has happened, do you feel that there is anything that is increasing you or your household's personal risk (e.g. because of personal circumstances)?</b>  Details:	3	Yes
		0	No
	<b>10. How affected do you feel by what has happened?</b>  Details:	0	Not at all
		1	Affected a little
2		Moderately affected	
3		Affected a lot	
5		Extremely affected	
Support	<b>11. Has yours or anyone's health been affected as a result of this and any previous incidents?</b>  Details:	3	Physical health
		3	Mental health
	<b>12. Do you have a social worker, health visitor or any other type of professional support? Can we speak to them about this?</b>  Details:	0	No
		1	Yes
	<b>13. Do you have any friends and family to support you?</b>	3	Complainant lives alone and is isolated
		3	The complainant is isolated from people who can offer support
		1	The complainant has a few people to draw on for support
		0	The complainant has a close network of people to draw on for support
	<b>14. Apart from any effect on you, do you think anyone else has been affected by what has happened?</b>  Details:	3	Your family
		2	Local community
		1	Other