

## Sexually Aggressive / Vulnerable Youth Assessment

<input type="checkbox"/> Sexually Aggressive
<input type="checkbox"/> Sexually Vulnerable
<input type="checkbox"/> Neither
<input type="checkbox"/> Both
<input type="checkbox"/> Significant Consideration

**BACKGROUND INFORMATION**

YOUTH'S NAME	DATE OF BIRTH (DOB)	JRA NUMBER
COMMITTING OFFENSE(S)	CURRENT HEIGHT	
	CURRENT WEIGHT	
	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
DOCUMENTED PHYSICAL DISABILITIES <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, specify:		
DOCUMENTED DEVELOPMENTAL DISABILITIES <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, specify:		
DOCUMENTED MENTAL HEALTH DIAGNOSIS <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, specify:		

**SEXUAL AGGRESSION ITEMS: TO BE COMPLETED AFTER A CASE FILE REVIEW.**

1. Is there documented history of **persistent sexualized behavior** (adjudicated or non-adjudicated) **toward peers within the last three (3) years?**

Yes     No; if yes, include date(s):

Home	_____ (+2)	_____ (0)	(Within a private family household where the youth was living at the time.)
Residential	_____ (+2)	_____ (0)	(Any professionally staffed or state licensed residential setting where the youth was living, such as foster homes, group homes, detention centers, institutions, work camps, etc.)
Community	_____ (+2)	_____ (0)	(Any setting within the general community which does not meet the criteria above, such as the victim's home (if different than that of the youth being screened), public parks, school property, community centers, etc.)

Mark the "Yes" box if there is any form of written documentation in the youth's case file indicating that the youth has engaged in persistent sexualized behavior with or against a peer age person within three (3) years of the current screening date (this may include, but is not limited to, case notes, professional evaluations, treatment reports/summaries, Child Protective Services (CPS) reports, police reports/statements, etc.). "Peer age" is defined as an individual whose age falls within 24 months (older or younger) from that of the youth being screened. This item should be endorsed whether or not the documented behavior was adjudicated within the court system. If the "Yes" box is checked, assign two (2) points next to the setting in which the sexual behavior occurred. If sexual behavior occurred in more than one of the categories listed, mark two (2) points for each applicable category. This provides for a maximum of six (6) possible points. The categories are defined above, in brackets.

2. Is there documented history of **sexual aggression or sexual assault** (adjudicated or non-adjudicated) toward peers within the last three (3) years?

Yes  No; if yes, include date(s):

Home \_\_\_\_\_ (+3) \_\_\_\_\_ (0) (Within a private family household where the youth was living at the time.)

Residential \_\_\_\_\_ (+3) \_\_\_\_\_ (0) (Any professionally staffed or state licensed residential setting where the youth was living, such as foster homes, group homes, detention centers, institutions, work camps, etc.)

Community \_\_\_\_\_ (+3) \_\_\_\_\_ (0) (Any setting within the general community which does not meet the criteria above, such as the victim's home (if different than that of the youth being screened), public parks, school property, community centers, etc.)

Mark the "Yes" box if there is any form of written documentation in the youth's case file indicating that the youth has perpetrated sexual aggression or a sexual assault against a peer age person within three (3) years of the current screening date (this may include, but is not limited to, case notes, professional evaluations, treatment reports/summaries, Child Protective Services (CPS) reports, police reports/statements, etc.). "Peer age" is defined as an individual whose age falls within 24 months (older or younger) from that of the youth being screened. This item should be endorsed whether or not the documented assault was adjudicated within the court system. If the "Yes" box is checked, assign three (3) points next to the setting in which the sexual aggression or sexual assault occurred. If sexually aggressive incidents or sexual assaults occurred in more than one of the categories listed, mark three (3) points for each applicable category. This provides for a maximum of nine (9) possible points. The categories are defined above, in brackets.

3. Is there documented history of **sexual aggression or sexual assault** toward victim(s) two or more years older than him/herself?

Yes  No \_\_\_\_\_ (+1) \_\_\_\_\_ (0)

Mark the "Yes" box and assign one (1) point if there is a documented history of any sexual aggression or sexual assault against one or more victim(s) who is at least 24 months older than the youth.

4. Are there adjudicated **sexual assaults** against more than one victim?

Yes  No \_\_\_\_\_ (+1) \_\_\_\_\_ (0)

Mark the "Yes" box and assign one (1) point only if the youth has been adjudicated for more than one sexual assault, and these adjudications were for offenses that were perpetrated against at least two (2) different individuals (Note: multiple adjudications for offenses perpetrated against the same victim would not be endorsed here).

5. Is there documented history of continued illegal sexual behavior despite legal and/or therapeutic intervention?

Yes  No \_\_\_\_\_ (+3) \_\_\_\_\_ (0)

Mark the "Yes" box and assign three (3) points if there is documentation indicating that the youth continued to engage in illegal sexual behavior even after the implementation of legal and/or therapeutic intervention (arrest, evaluation, treatment, incarceration, etc.).

6. Is there documented history of the following:

Major Mental Health Issue(s):  Yes  No \_\_\_\_\_ (+1) \_\_\_\_\_ (0)

Major School Behavior Problem(s):  Yes  No \_\_\_\_\_ (+1) \_\_\_\_\_ (0)

If yes, include the dates of the last two suspensions or the last expulsion.

Suspensions: \_\_\_\_\_ and \_\_\_\_\_; Expulsion: \_\_\_\_\_

Mark the "Yes" box and assign one (1) point to each applicable item within this category for a possible total of two (2) points maximum. If you mark the "Yes," you must include the required date(s). The criteria to endorse each item is as follows: Major Mental Health Issue(s), the youth must have a documented DSM IV diagnosis from a licensed mental health professional which currently requires the youth to take one or more psychotropic medications to adequately manage the disorder; and Major School Behavior Problem(s), within the last three (3) school quarters/semesters attended, there must be documentation indicating either of the following: a) two or more school suspensions of at least one full day; and/or b) one or more school expulsion(s).

OTHER SIGNIFICANT CONSIDERATIONS

**Total Sexual Aggression score:** \_\_\_\_\_

Total the scores of Items 1 through 6 above, then mark the appropriate sexual aggression level based on the points assigned.

**LEVEL OF SEXUAL AGGRESSION**

- Minimal (0 - 1 point)
- Low (2 - 4 points)
- Moderate (5 - 6 points)
- High (7+ points)

**Note:** If the youth scores into the moderate or high range of sexual aggression (i.e., five (5) points or more) designate the youth as "sexually aggressive" by marking the box at top of Page 1.

**SEXUAL VULNERABILITY ITEMS: DETERMINED AFTER A CASE FILE REVIEW AND INTERVIEW WITH THE YOUTH.**

7. Is there documented history of being sexually abused within the last three (3) years?

Yes  No \_\_\_\_\_ (+3) \_\_\_\_\_ (0)

If yes, when: \_\_\_\_\_ where: \_\_\_\_\_

by whom: \_\_\_\_\_

Mark the "Yes" box and assign three (3) points if there is any form of written documentation indicating that the youth has been a victim of sexual abuse within the last three (3) years, then briefly describe the circumstances of the abuse as requested.

8. Is there documented history of being physically abused within the last three (3) years?

Yes  No \_\_\_\_\_ (+1) \_\_\_\_\_ (0)

If yes, when: \_\_\_\_\_ where: \_\_\_\_\_

by whom: \_\_\_\_\_

Mark the "Yes" box and assign one (1) point if there is any form of written documentation indicating that the youth has been a victim of physical abuse (**not of a sexual nature**) within the last three (3) years, and include a brief description where requested.

9. Is there documented history of routine inability to physically protect self within the last three (3) years?

Yes  No \_\_\_\_\_ (+1) \_\_\_\_\_ (0)

If yes, when: \_\_\_\_\_ where: \_\_\_\_\_

by whom: \_\_\_\_\_

Mark the "Yes" box and assign one (1) point if there is any documentation of the youth being routinely unable or unwilling to protect him/herself from physical harm perpetrated by others (being bullied, for example). Include brief specifics where requested.

10. Is there documented history of routine exploitation by peers within the last three (3) years?

Yes  No \_\_\_\_\_ (+1) \_\_\_\_\_ (0)

If yes, when: \_\_\_\_\_

describe: \_\_\_\_\_

Mark the "Yes" box and assign one (1) point if there is any documentation of the youth being regularly exploited by his/her peers in emotional, social, or other non-physical ways within the last three (3) years (for example, being manipulated into giving away personal property on a regular basis, doing favors for others without any reciprocity, etc.). If yes, include brief descriptions where requested.

11. Is there a current significant impairment that impacts peer interactions?

Yes  No \_\_\_\_\_ (+1) \_\_\_\_\_ (0)

If yes, please specify: \_\_\_\_\_

Mark the "Yes" box and assign one (1) point if the youth currently displays any significant impairment in social skills, cognitive abilities, etc., that negatively impacts his/her peer interactions in such a way as to put him/her at an apparent disadvantage within his/her peer group. This could include, but is not limited to developmental disabilities, physical disabilities, a history of excessive isolation from peer group, mental health issues, etc. If checked, include brief specifics where requested.

YOUTH SIGNATURE SECTION

I was asked if I have ever been a victim of sexual abuse and I answered:  Yes  No

I was asked if I have ever been a victim of physical abuse and I answered:  Yes  No

If youth answers "Yes," please summarize briefly what was disclosed (i.e., when and where the abuse occurred, by whom, where, etc.):

IF YOUTH REFUSES TO ANSWER, INDICATE ON SIGNATURE LINE.

Youth's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** It is important that you ask the youth if she/he has ever been a victim of sexual abuse and/or physical abuse, record his/her answer, then have him/her sign and date this item where indicated. This item is not scored; it is included to provide evidence that you asked the youth about this issue in the process of completing the screen, regardless of whether or not there was prior documentation in his/her file. If no such prior documentation exists and the youth indicates he/she has been sexually and/or physically abused, complete the appropriate documentation and the CPS referral, then mark and score the assessment accordingly.

OTHER SIGNIFICANT CONSIDERATIONS

<p><b>Total Sexual Vulnerability score: _____</b></p> <p>Total the scores of Items 7 through 11 above, then mark the appropriate sexual vulnerability level based on the points assigned.</p>	<p>SEXUALLY VULNERABLE?</p> <p><input type="checkbox"/> Yes (4+ points)</p> <p><input type="checkbox"/> No (0 - 3 points)</p>	<p><b>Note:</b> If the point total is four (4) or higher, designate the youth as "sexually vulnerable" by marking the appropriate box at the top of Page 1.</p>
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COMPLETED BY: _____	DATE _____	APPROVED BY: _____	DATE _____
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FACILITY'S NAME \_\_\_\_\_

This signature box can be used for a youth returning to residence following a parole revocation or anytime a subsequent review is needed and the information has not changed. Following a subsequent review, sign and date the form.

SUBSEQUENT REVIEW BY: _____	DATE _____	APPROVEDBY: _____	DATE _____
SUBSEQUENT REVIEW BY: _____	DATE _____	APPROVEDBY: _____	DATE _____
SUBSEQUENT REVIEW BY: _____	DATE _____	APPROVEDBY: _____	DATE _____
SUBSEQUENT REVIEW BY: _____	DATE _____	APPROVEDBY: _____	DATE _____
SUBSEQUENT REVIEW BY: _____	DATE _____	APPROVEDBY: _____	DATE _____
SUBSEQUENT REVIEW BY: _____	DATE _____	APPROVEDBY: _____	DATE _____

CC: Original to case file, Section IV, Residential