

OAKLEY YOUTH DEVELOPMENT CENTER

MDHS DIVISION OF YOUTH SERVICES

Vulnerability/Sexual Risk Assessment (XV.7.C)

Youth's Name: _____ ID# _____

Date of Assessment: _____

Youth Interview:

1. Age of Youth

16 to 20 years	Score 0	
13 to 15 years	Score 1	
11 to 12 years	Score 2	
10 years	Score 3	

2. Experience in Institution

Ask: Have you been in a locked facility?

No	Score 2	
Yes	Score 0	

3. Social Skills

Lead in with: How do you feel about being in a facility with so many other juvenile justice youth? Then ask:

- Do you feel you get along well with other people? Yes/No (Yes score 0, No score 1)
- Do you find it easy to make friends? Yes/No (Yes score 0, No score 1)
- Do you feel OK about being in groups of people you don't know well? Yes/No (Yes score 0, No score 1)

Award a score of 1 for each No answer

Score (0-3)	
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Does the juvenile's response match collateral information? () **Yes** (move to question 4)

() **No** (Move to prompt 3a, then continue to question 4)

3a. Provide relevant information below. Indicate score changed

4. Perception of Risk

Ask: Do you feel at risk from attack or abuse from other youth? For example, have you received threats, insults, or harassment from other youth? Prompt with options if necessary.

NOT AT ALL	Score 0	
SOMETIMES	Score 1	
OFTEN	Score 2	

If sometimes or often, ask for more details and note youth's statement below.

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Does the juvenile's response match collateral information? () **Yes** (move to question 5)
 () **No** (move to prompt 4a, then continue to question 5)

4a. Provide relevant information below. Indicate score changed.

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History of Victimization

5. Ask: Have you ever been attacked, bullied, or abused by people your own age (peers)?

Prompt with options if necessary

NOT AT ALL	Score 0	
SOMETIMES	Score 2	
OFTEN	Score 4	

Does the juvenile's response match collateral information? () **Yes** (move to question 5b)
 () **No** (move to prompt 5a, then continue to question 5b)

5a. Provide relevant information below. Indicate score changed.

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5b. Ask: Have you ever had a sexual experience that you did not want to have?

If yes, ask what & if this information was reported to Local Social Services and/or Law Enforcement.
 If youth reports abuse, follow agency reporting procedures.

No	Score 0	
Yes	Score 4	

Does the juvenile's response match collateral information? () **Yes** (move to question 6)
 () **No** (move to prompt 5c, then continue to question 6)

5c. Provide relevant information below. Indicate score changed.

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Offense Type

6. Ask: Have you ever been arrested for a sexual offense?

No	Score 0	
Yes	Score 4	

Does the juvenile's response match collateral information? () **Yes** (move to question 7)
 () **No** (move to prompt 6a, then continue to question 7)

6a. Provide relevant information below. Indicate score changed.

Violent offense

7. Ask: Have you ever been arrested for a violent offense?—Utilize Criteria Guide for list of offense types and criteria for determination of violence.

No	Score 0	
Yes	Score 4	

Does the juvenile's response match collateral information? () **Yes** (move to question 8)
 () **No** (move to prompt 7a, then continue to question 8)

7a. Provide relevant information below. Indicate score changed

Intellectual Impairment

8. From the file review, is there any evidence that this youth has been previously reported to have an intellectual impairment (low IQ) learning disability or Special Education classes?

No Evidence	Score 0	
Evidence	Score 2	

Any comments applicable to evidence may be placed below. Comments not intended for score change.

9. "Lack of fit" with juvenile justice facility culture.

This item requires a judgment by the screener that this youth is unlikely to "fit in" within the mainstream juvenile offender culture. (Mark the appropriate box)

Look for features of the youth's physical appearance, such as:		
<input type="checkbox"/>	Small build	
<input type="checkbox"/>	Looks younger than stated age	
<input type="checkbox"/>	Impaired vision (requires glasses)	
<input type="checkbox"/>	Pronounced disfigurement	
<input type="checkbox"/>	Physical disability	
<input type="checkbox"/>	Deaf	
<input type="checkbox"/>	Appears frail, weak	
Look for features of the youth's presentation and behaviors, such as:		
<input type="checkbox"/>	Inappropriate verbal behavior (e.g. giggling or odd remarks)	
<input type="checkbox"/>	Inappropriate physical behavior (e.g. inappropriate sexual behavior)	
<input type="checkbox"/>	Hunched fearful posture (e.g. very fearful or very shy)	
<input type="checkbox"/>	Obvious effeminate/masculine behavior	
<input type="checkbox"/>	Acts of Aggression - observation	
<input type="checkbox"/>	Youth's behavior with the siblings(s)/residents	
<input type="checkbox"/>	Youth's behavior in school	
<input type="checkbox"/>	Speech impediment	
<input type="checkbox"/>	Appears slow, "dull", and/or lethargic	
<input type="checkbox"/>	Behaviors that are likely to irritate and annoy other youth (e.g. immature or silly)	
<input type="checkbox"/>	Behavior that appears related to mental illness (e.g. jittery, crying, or bizarre)	
Look at features of the youth which may make him or her stand out, such as:		
<input type="checkbox"/>	Having a lack of exposure to criminal lifestyle	
<input type="checkbox"/>	Being from an ethnic minority not well represented in the offender population (e.g. Vietnamese, Indian, or Middle Eastern)	
<input type="checkbox"/>	Membership in a gang that is likely to be target of attack from others	
Note other features not listed above:		
NONE OR ONLY ONE FEATURE	SCORE 0	
TWO OR THREE FEATURES	SCORE 2	
MULTIPLE FEATURES (FOUR OR MORE FEATURES)	SCORE 4	

Overall Risk Score

<p>VULNERABILITY TO VICTIMIZATION</p> <p>1. Age of youth Score _____</p> <p>2. Experience in situation Score _____</p> <p>3. Social Skills Score _____</p> <p>4. Perception of Risk Score _____</p> <p>5. History of Victimization Score _____</p> <p>5b. Sexual Experience Score _____</p> <p>8. Intellectual Impairment Score _____</p> <p>9. Lack of "Fit" Score _____</p> <p>OVERALL SCORE _____</p> <p>Score of 9 or higher indicates yes to VV</p>	<p>SEXUALLY AGGRESSIVE BEHAVIOR</p> <p>6. Offense type Score _____</p> <p>OVERALL SCORE _____</p> <p>Score of 4 or higher indicates yes to SAB</p> <p>VIOLENT AGGRESSIVE BEHAVIOR</p> <p>7. Violent Offense Score _____</p> <p>OVERALL SCORE _____</p> <p>Score of 4 or higher indicates yes to VAB</p>
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Results:	
YES	NO
_____	_____
Vulnerability to Victimization	
_____	_____
Sexually Aggressive	
_____	_____
Violent Aggressive	

Additional Comments

Screener: _____ Date/Time Reviewed: _____

Supervisor Review: _____ Date/Time Reviewed: _____

Classification Override

Override Date/Time: _____ Initiated by: _____

Override justification Comments

Signature: _____

Supervisor Review/Approval: _____ Date/Time Reviewed: _____