



DIVISION OF YOUTH CORRECTIONS
Colorado Department of Human Services
Vulnerability Assessment Instrument: Risk of Victimization
and/or Sexually Aggressive Behavior/Overall Risk

Youth's Name: _____

Trails ID#: _____ Sex: ___ Race: ___ DOB: _____

Facility/Program: _____

Date of Assessment: _____

Results:		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Vulnerable to Victimization
<input type="checkbox"/>	<input type="checkbox"/>	Sexually Aggressive
<input type="checkbox"/>	<input type="checkbox"/>	No Designated Roommate
<input type="checkbox"/>	<input type="checkbox"/>	Low Medium High

Youth Interview:

1. Experience in Institution

Ask: **Have you been in a locked juvenile facility?**

	Score	
No	SCORE 2	
YES	SCORE 0	

2. Social Skills

Lead in with: **How do you feel being in a facility with so many other juvenile justice youths?**

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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3. Perception of Risk

Ask: **Do you feel at risk from attack or abuse from other youths?**

For example, have you received threats, insults, and harassment from other youths?

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 statements below:

4. History of Victimization

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

Prompt with options if necessary

NEVER	SCORE 0	
A FEW TIMES	SCORE 2	
OFTEN	SCORE 4	

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 the Abuse Registry and law enforcement. If the youth reports abuse that has never been reported, a report must be made to the Abuse Registry.

No	SCORE 0	
YES	SCORE 4	

5. Offense Type

Ask: **Have you ever been arrested on a sexual offense?**

Also check the youth's file for information.

No	SCORE 0	
YES	SCORE 4	

Ask: **Have you ever been arrested on a violent offense?**

NO	SCORE 0	
YES	SCORE 4	

6. Ask: **Have you ever engaged in behavior that you would consider violent or sexually aggressive?**

NO	SCORE 0	
YES	SCORE 4	

7. **Age of Youth**

19 YEARS AND UP TO 21	SCORE 0	
16, 17, 18 YEARS	SCORE 1	
13, 14, 15 YEARS	SCORE 2	
10 – 12 YEARS	SCORE 3	

8. **Intellectual Impairment**

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	

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.

(Place a check ✓ in applicable 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, odd remarks)	
<input type="checkbox"/>	Inappropriate physical behavior (boys wearing makeup, sexual behavior)	
<input type="checkbox"/>	Hunched fearful posture (e.g., very fearful, very shy)	
<input type="checkbox"/>	Obvious effeminate behavior	
<input type="checkbox"/>	Acts of Aggression – observation	
<input type="checkbox"/>	Youth's behavior with the sibling(s)/residents	
<input type="checkbox"/>	Youth's behavior in school	
<input type="checkbox"/>	Speech impediment	
<input type="checkbox"/>	Appears slow or "dull"	
<input type="checkbox"/>	Behaviors that are likely to irritate and annoy other youths (e.g., immature, silly)	
<input type="checkbox"/>	Behaviors that appear related to mental illness (e.g., jittery, crying, bizarre)	
Look for features of the youth which 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, Middle Eastern)	
<input type="checkbox"/>	Membership in a gang that is likely to be a 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
ITEMS 1-9		
TOTAL SCORE		

10. **File Review:**

Does file indicate the youth has been charged with a sex offense?

INFORMATION NOT AVAILABLE	SCORE 0	
NO	SCORE 0	
YES	SCORE 2	

Any information suggests prior sexual aggression or sexual victimization of others?

INFORMATION NOT AVAILABLE	SCORE 0	
NO	SCORE 0	
YES	SCORE 2	

Overall Risk Score:

Vulnerability to Victimization:

- 1. Experience in institution Score: _____
- 2. Social Skills Score: _____
- 3. Perception of Risk Score: _____
- 4. History of Victimization Score: _____
- 7. Age of Youth Score: _____
- 8. Intellectual Impairment Score: _____
- 9. "Lack of fit" with juvenile justice facility culture Score: _____

Interview: _____

Overall Score: _____

Maximum Score - 20

Sexually Aggressive Behavior:

- 5. Offense Type Score: _____
- 6. Violent Behavior Score: _____
- 10. File Review Score: _____

Overall Score: _____

Maximum Score - 16

Risk Level:
Low (1-8)
Medium (9-16)
High (17 & above)

Overall Risk Score: _____

Risk Level: _____

NDR: High overall score and/or high s in either Vulnerability to Victimization and/or Sexually Aggressive Behavior would indicate need to place on NDR status.

NDR Documentation: Yes No Double Room NDR

In the event that you need movement to a lesser or higher risk pod or room assignment, the Shift Supervisor will determine movement. Proper documentation must be stated below as to the reason why youth is moved, i.e., behavior, maturity, facility count, etc. In support of an override please attempt to obtain collateral information from file review and/or parent/guardian contact.

Override Documentation: _____

Supervisor: _____

Date/Time of Override: _____

Signature of Screener: _____

Date: _____

Time: _____

Adapted from the "Prison Youth Vulnerability Scale", New Zealand
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