



# FLORIDA DEPARTMENT OF JUVENILE JUSTICE

## Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB)

Youth's Name \_\_\_\_\_  
 DJJ ID# \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ DOB \_\_\_\_\_  
 Facility/Program \_\_\_\_\_  
 Current Charge(s) \_\_\_\_\_

<b>Results:</b>	
<b>Yes No</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Vulnerable to Victimization	<input type="checkbox"/> Sexually Aggressive

### I. Vulnerability to Victimization:

**Youth Interview:**

**1. Experience in Institutions**

Ask: **Is this your first time in a DJJ facility?** (If youth has served time for previous offenses score 0)

	<b>SCORE 0</b>	<b>Score</b>
NO	SCORE 0	
YES	SCORE 2	

**2. Social Skills**

Lead in with: **How do you feel about 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 or 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:

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Ask: **Do you identify yourself as being lesbian, gay, bisexual, transgender or intersex?**

		<b>Score</b>
NO	SCORE 0	
YES	SCORE 2	

**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 been sexually victimized or abused?**  
 If yes, ask 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	

**The following items should be answered on the basis of judgment, observation and file review or other collateral information (e.g., discussion with parent/guardian or foster care worker)**

**5. Age of Youth**

16, 17, 18 years	SCORE 0	
13, 14, 15 years	SCORE 1	
11 or 12 years	SCORE 2	
10 years or below	SCORE 3	

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**6. Intellectual Impairment**

From the file review and face sheet note any evidence that this person has been previously reported to have an intellectual impairment (Low IQ). This may include reference to contacts with organizations for those with developmental disabilities, having been in "special classes" at school, assessments included as part of psychiatric or psychological reports or community probation reports (PACT).

<b>No evidence</b>	<b>SCORE 0</b>	
<b>Evidence</b>	<b>SCORE 2</b>	

**7. Mental Health Issues**

Does case file (including PACT, Face sheet) indicate that youth has had a prior mental health or mental disability diagnosis?

<b>No evidence</b>	<b>SCORE 0</b>	
<b>Evidence</b>	<b>SCORE 2</b>	

**8. "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)

<b>Look for features of the youth's physical appearance such as:</b>		
<input type="checkbox"/>	Small build	
<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	
<b>Look for features of the youth's presentation and behaviors such as:</b>		
<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"/>	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 (jittery, crying, bizarre)	
<input type="checkbox"/>	Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex	
<b>Look for features of the youth which make him or her stand out such as:</b>		
<input type="checkbox"/>	Having a lack of exposure to criminal lifestyle	
<input type="checkbox"/>	Being from a minority not well represented in the offender population	
<input type="checkbox"/>	Membership in a gang that is likely to be a target of attack from others	
Note other features not listed above:		
<input type="checkbox"/>	<b>None or only one feature</b>	<b>SCORE 0</b>
<input type="checkbox"/>	<b>Two or three features</b>	<b>SCORE 2</b>
<input type="checkbox"/>	<b>Multiple features (Four or more features)</b>	<b>SCORE 4</b>
<b>ITEMS 1-8</b>		<b>TOTAL SCORE</b>

**Collateral Information:**

1. **Review all available file information.** Where possible ensure that Probation and Community Corrections reports, judges sentencing notes, and any psychiatric or psychological reports written for the court or DJJ are obtained and reviewed.
2. **Contact Parent/Guardian or Foster Care Worker** and question using the guidelines below:
  - a. Introduce yourself – saying who you are and where you are from.
  - b. Explain the purpose of your contact with them. **For example**, "This is John Smith of ---- Facility/Program. I have the permission of [youth] to speak with you as part of his/her intake screening. I mainly want to find out if you have any concerns about [youth] and if you believe he/she is at any risk while he/she is in the facility/program".
  - c. The aim is to engage the significant other in a general discussion focusing on the areas assessed by the items in the main body of the scale. It is important that at some stage you gain answers to the following:
    - **How do you feel [youth] will cope in the juvenile justice facility?** \_\_\_\_\_
    - **Do you believe that [youth] will be able to look after himself/herself in the juvenile justice facility? (If not, note why not below) )** \_\_\_\_\_
      - **To your knowledge has [youth] ever been the victim of attacks, bullying or other victimization in the past?** \_\_\_\_\_
      - **Is there any history of mental health issues concerning youth which would place them at risk of being bullied or harmed in a facility?** \_\_\_\_\_

**Parent/Legal Guardian's statements:**

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Youth's Name

DJJ ID#

**3. Areas to Cross-check in File Review**

- a. First time incarcerated? \_\_\_\_\_
- b. Any other experience in secure institutions? \_\_\_\_\_
- c. Social skills (gets along with others, easy to make friends, ok in groups?) \_\_\_\_\_
- d. History of victimization by peers? \_\_\_\_\_
- e. Sexual offenses? \_\_\_\_\_
- f. Intellectual impairment (Low IQ, Special Classes in School)? \_\_\_\_\_
- g. Mental illness? (Contact with psychiatrist, psychologist or other mental health professional in last year?) \_\_\_\_\_

**Vulnerability to Victimization Scoring:** (Add the scores of items 1-8 above. Amend scores obtained in youth interview when increased risk of vulnerability is reflected by collateral information [parent interview or file review]. Amendments should only be made to increase a score as a result of collateral information) **If the total score is twelve (12) or higher, denote the youth as "Vulnerable to Victimization" in appropriate box at top of page one.**

**VERRIDE DUE TO SEVERE DISABILITY** (Regardless of the total score above, any youth that exhibits behaviors which suggest that he/she is incapable of caring for himself or herself in a juvenile justice setting due to severe developmental disability (mental retardation), severe mental illness or severe physical handicap must be denoted as Vulnerable to Victimization.) **Place a check in the "Override Due to Severe Disability" box and denote the youth as Vulnerable to Victimization in the appropriate box at the top of page one.**

**VERRIDE DUE TO SAFETY CONCERN** – Screening observations indicate youth is at risk for victimization.  
Explain in detail:

**II. Sexually Aggressive Behavior:**

**File Review / Face Sheet Review:**

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

No	
YES	

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

No	
YES	

**Sexually Aggressive Behavior:**

**"Yes" or collateral information [parent interview or file review] indicates "Yes" to sexual aggression, sexual assault or sexual victimization of others, denote the youth as sexually aggressive in appropriate box on page one.**

Recognizing the potential risks of relying solely on an initial assessment, standard §115.341 requires facilities to "reassess the youth's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening" within "a set time period, not to exceed 30 days from the youth's arrival at the facility." While the Standards require that youth be re-evaluated within 30 days, it may be more appropriate to re-evaluate more frequently, especially early in a youth's detention or residential placement.

Signature of Screener: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reviewed by staff making room assignment: \_\_\_\_\_ Date: \_\_\_\_\_