

Kansas Juvenile Justice Authority
Screening for Assaultive and Sexually Aggressive Behavior

Facility:	Admitted/Transferred from:	Adm./Trans. Date:	Adm./Trans. Time:
Juvenile:	JJIS #:	DOB:	
Interviewer:	Title:	Interview Date:	Time of Interview

- Does this juvenile have a history of assaultive behavior? Yes No
- Does this juvenile have a history of sexually aggressive behavior? Yes No
- Does this juvenile have a history of sexual victimization?

If response to any of these questions is "Yes," describe the incident(s): _____

Interview

1. Do you have a problem with managing your anger? Yes No

2. What do you do when you are angry?

3. Have you ever physically assaulted anyone? Yes No

Describe (who, what, when, where, why, how often)

4. Have you ever received counseling or treatment for assaultive behavior? Yes No

If yes, explain (where, when, outcome):

5. Have you ever been accused of or in trouble for sexual behaviors? Yes No
6. Have you ever touched someone sexually against his or her will or forced anyone into sexual activity? Yes No

7. Have you ever received treatment/counseling for this? Yes No If yes:
 Where? _____
 When? _____
 What was the outcome? _____

8. Has anyone ever touched you in a way that made you uncomfortable? Yes No If yes:
 What happened? _____

 When? _____
 Was this reported? Yes No To whom? _____

9. Has anyone forced you into sexual activity against your will? Yes No If yes:
 What happened? _____

 When? _____
 Was this reported? Yes No To whom? _____

10. Have you ever received treatment/counseling for this? Yes No If yes:
 Where? _____
 When? _____
 What was the outcome? _____

Any unreported allegations of abuse must be reported in accordance with IMPP 10-103 Reporting Abuse, Neglect or Sexual Abuse of a Juvenile.

Observation:

11. Juvenile is physically vulnerable? Yes No Describe: _____

12. Juvenile is intellectually limited and may be a target for victimization? Yes No

