

HENDRY COUNTY SHERIFF'S OFFICE

DETENTION DIVISION

SEXUAL ASSAULT RISK ASSESSMENT

Name: _____

DOB: _____

Gender: _____

Date: _____

SID #: _____

Reason For Screen: Circle One

Initial Review Referral

Questions:

- | | | | |
|----|---|---|---|
| 1. | Have you ever been the victim of sexual abuse or rape? If yes,
When did it occur? | Y | N |
| 2. | Have you ever engaged in sexual activity in a correctional setting? | Y | N |
| 3. | Do you feel you are at risk for abuse? If yes,
From who? | Y | N |
| 4. | Do you feel you make friends easily? | Y | N |
| 5. | Sexual Orientation (LGBTI), if yes list below | Y | N |
| 6. | If the inmate identifies themselves or has been previously identified as Transgender/Intersex then ask the inmate who they prefer to pat/strip search them.
Male or Female | M | F |

Observations for Possible Victims:

- | | | | |
|----|---|---|---|
| 1. | Small Frame | Y | N |
| 2. | Physical/mental/developmental disability, if yes list below | Y | N |
| 3. | History of PC in Jail | Y | N |
| 4. | Under 24 years old | Y | N |
| 5. | Over 65 years old | Y | N |

6. Appears timid, lacks self-confidence	Y	N
7. Unfamiliar with jail/prison life	Y	N
If answer "yes" to question 1, 2 and/or 3	Known Victim	
If answer "yes" to question 2 and/or 3	Potential Victim	
If answer "no" to questions 1-3	Non-Victim	

Override for Victim:

Reason:

Override Approved **Approved By** _____ Y N

Observations for Possible Perpetrators:

8. Known gang affiliation	Y	N
9. Familiar with jail/prison life	Y	N
10. Previous arrests/convictions for sexual offenses	Y	N
11. Previous arrests/convictions of violent offenses	Y	N
12. History of violence/sexual activity in jail	Y	N
13. Appears intimidating or aggressive	Y	N
14. Appears manipulative	Y	N
If answer "yes" to 3 or more observations	Known Perpetrator	
If answer "yes" to 2 or less observations	Potential Perpetrator	
If answer "no" to observations	Non-Perpetrator	

Override for Perpetrator:

Reason:

Override Approved **Approved By** _____ Y N

Assessment Taker Signature: _____

Classification Officer Signature: _____