



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 |

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

Y

N

Approved By _____

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

Y

N

Approved By _____

Assessment Taker Signature: _____

Classification Officer Signature: _____

Jail Administrator Signature: _____