

## SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS

Prisoner's Name	RCN #	DOB	Confinement Facility

**1. Read the following statement to the prisoner:** "In accordance 28 C.F.R. 115, the facility is required to obtain the following information to ensure both your safety, as well as the safety of our staff. You will not be disciplined for refusing to answer or disclose complete information. Your answers will remain confidential and protected in accordance with federal law."

**2.** Forward completed form to Clinical Services for initial assessment. Clinical Services shall provide information to the counselor or Programs Dept. or designee.

AT RISK OF VICTIMIZATION (RV)	Initial		Reassessment	
	Yes	No	Yes	No
1. Have you ever been approached for sex and/or threatened with sexual assault while confined? <b>(115.41(d)4-8)</b>				
<b>2. Have you ever been the victim of sexual assault? (115.41(d)8)</b>				
3. Have you ever been placed in protective custody? <b>(115.41(d)8)</b>				
4. Have you ever had consensual sex while incarcerated? <b>(115.41(d)4-8)</b>				
<b>5. Have you ever been the victim of sexual assault while incarcerated? (115.41(d)8)</b>				
6. Age: How old are you? ____ Mark yes if prisoner is under 21 or over 65. <b>(115.41(d)2)</b>				
7. Physical build: How tall are you? ____ How much do you weigh? ____ Mark yes for: Males: <5'6" & <120lbs) (Females: <5'0" & < 118lbs) <b>(115.41(d)3)</b>				
8. Do you have, or are you perceived as having any developmental, mental or medical disabilities? <b>(115.41(d)1)</b>				
9. Are you, or are you often perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming? <b>(115.41(d)7)</b>				
10. Does the interviewer perceive the prisoner to be gender nonconforming? <b>(115.41(d)7)</b>				
11. Is this your first time being incarcerated in a prison? <b>(115.41(d)1)</b>				
12. Do you have any prior convictions for sex offenses against an adult or child? <b>(115.41(d)6)</b>				
13. Is your criminal history exclusively non-violent? <b>(115.41(d)5)</b>				
<b>14. Do you feel vulnerable or fearful of being sexually abused while confined? (115.41(d)9)</b>				
<i><b>YES to (3) or more items, and/or YES on either 2, 5 or 14 indicates at risk of victimization.</b></i>	<b>Total:</b>		<b>Total:</b>	
Note: No prisoners are ever confined solely on civil immigration charges. <b>(115.41(d)10)</b>	N/A	N/A	N/A	N/A

AT RISK OF ABUSIVENESS (RA)	Initial		Reassessment	
	Yes	No	Yes	No
15. Have you ever been convicted of sexual assault against an adult? (115.41(d)6)				
16. Have you been convicted for domestic violence as a perpetrator? (115.41(d)5)				
17. Do you have any prior convictions for crimes of violence, excluding sex offenses or domestic violence? (115.41(d)6) (115.41(e))				
18. Do you have any incident reports while confined for violent offenses, excluding sexual misconduct? (115.41(d)5) (115.41(e))				
19. Do you have any incident reports while confined for sexual misconduct? (115.41(d)6) (115.41(e))				
20. Do you have any prior convictions for sex offenses against an adult or child? (115.41(d)6)				
<b>*21. Have you ever sexually abused someone while incarcerated? (115.41(e))</b>				
<u>YES</u> to (3) or more items and/or <u>YES</u> on 21 indicates at risk of abusiveness.	<b>Total:</b>		<b>Total:</b>	

INTAKE SCREENING				
CONDUCTED BY DUTY BRIG SUPERVISOR (WITHIN 24 HOURS)				
PRINT NAME	TITLE	SIGNATURE	DATE	TIME

  

MEDICAL SCREENING				
CONDUCTED BY MEDICAL OR MENTAL HEALTH PRACTITIONER (WITHIN 72 HOURS)				
PRINT NAME	TITLE	SIGNATURE	DATE	TIME

  

REASSESSMENT				
CONDUCTED BY PROGRAMS CHIEF OR DESIGNEE (WITHIN 14 DAYS)				
PRINT NAME	TITLE	SIGNATURE	DATE	TIME

Staff comments/updates:

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