

Victimization/Aggression Assessment

Inmate:		Assessor:	
SID#:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Assessment Date:	

Victimization Criteria

- Mental or physical disability _____
- Young age (under 24) _____
- Slight build (under 130 lbs and/or under 5'8") _____
- First incarceration in prison _____
- High media exposure _____
- Nonviolent history _____
- Conviction/adjudication for sex offenses against an adult or child _____
- Sexual Orientation/Gender non-conformance (gay/bisexual/transgender) _____
- Prior sexual victimization _____
- Inmate perceives self as vulnerable to victimization _____
- Other _____

Aggression Criteria

- Predatory Sex Offender (designator)
- Sexually Violent Dangerous Offender (designator)
- Prior acts of sexual abuse
- Prior convictions for violent offenses

Intake Counselor Recommendations:

Potential for Victimization Potential for Aggression Deferred

Comments: _____

Follow up Actions (As Needed):

- Date of MDT referral _____
- MDT Housing Recommendation _____

Following MDT:

- Forms for any inmates requiring special placement will be placed on the front of the inmate's file and forwarded to the Quality Assurance Coordinator

Quality Assurance Coordinator will:

- Enter a1206 with notification of any concerns
- Send e-mail notification to Institution Transfer Team of the receiving institution
- Completed form will be placed in the inmate's file

Victimization Triage and Referral for Intake Counselors

Inmate Name: _____ SID#: _____

Yes No Refused Have you received any medical treatment for gender reassignment?
If yes, what kind of treatment? _____

Yes No Refused Do you feel at risk of attack or abuse from other inmates?

Yes No Refused Have you been taken advantage of sexually during a prior incarceration (in any institutional setting)?
If yes, was this in the past year? _____

Observable traits or behaviors of concern: _____

Staff Signature: _____ Date: _____

Please place completed referrals in the INTAKE box in R&D.

Immediate notification if yes to the first question or to the 3rd question AND it occurred within the last year:

Before 4pm – verbal notification to Intake Lt. and e-mail to DL CCCF Intake Special Needs Notification

After 4pm or weekends – verbal notification to OIC and e-mail to DL CCCF Intake Special Needs Notification

This page is not part of the Health Care Record

Directions to Nursing Staff:

Verbally interview the inmate at intake screening and complete the form. Intake will pick up the forms daily. The other side of this form will be completed by the Intake Counselor.