**Colorado Division of Criminal Justice - Office of Community Corrections**

 **SCREENING FOR RISK OF SEXUAL VICTIM VULNERABLITY/ ABUSIVENESS**

**(Diversion and DOC)**

 **NAME:** Click here to enter text. **Diversion** [ ]  **DOC** [ ]  **DATE: Click here to enter a date.**

 **STAFF NAME:** Click here to enter text. **STAFF SIGNATURE:**

**VICTIM/VULNERABILITY FACTORS (check all that apply)**

[ ]  **1. Youthful age (under 22 years old)** [ ]  **2. Elderly age (over 60 years old)**

[ ]  **3. Males: 5’6” and/or less than 140 lbs** [ ]  **4. Females: 5’ and/or less than 100 lbs**

[ ]  **5. Mental Illness/Developmental disability** [ ]  **6. Physical disability**

[ ]  **7. First Incarceration** [ ]  **8. History of non-violent crimes only**

[ ]  **9. History of sex offense convictions** [ ]  **10. History of sexual victimization**

[ ]  **11. Feels vulnerable to victimization** [ ]  **12. Identifies as LGBTI or is perceived as LGBTI**

[ ]  **13. Other Factors (explain)** Click here to enter text.

**VICTIM/VULNERABILITY**

[ ]  **Non-victim (If no to all factors)** [ ]  **Known victim (If yes to #10)** [ ]  **Possible victim (If yes to 2 or more) \***

**AGGRESSIVE/ABUSIVENESS FACTORS**

[ ]  **1. History of sexual abusiveness (in community)** [ ]  **2. Gang affiliation**

[ ]  **3. History of Institutional violence or sexual abuse** [ ]  **4. History of violent convictions (in community)**

[ ]  **5. Other factors (explain):** Click here to enter text.

**AGGRESSIVE/ABUSIVENESS**

[ ]  **Known Abuser (if #1 or #3)** [ ]  **Possible abuser (If yes to 2 or more)\*** [ ]  **Non-abuser (no factors)**

***Note: Override can be made for only one yes if deemed appropriate.***

**Risk factor information has been forwarded to staff responsible for room, work, education and programming assignments, with the goal of keeping offenders that are at a higher risk for being victimized separated from offenders that are at a higher risk for being sexually abusive to the degree possible. STAFF INITIALS: \_\_\_\_\_\_\_ DATE:** Click here to enter a date.

**Any new information from 30 day review that requires changes in the individual’s program and/or housing assignment?** [ ]  **Yes** [ ]  **No If so, explain:** Click here to enter text.

**30 Day Review:**

**Date:** Click here to enter a date. **REVIEWER:** Click here to enter text. **SIGNATURE:**

**Revised: 06/15/2016**

**Purpose:** The risk screen is designed to help in differentiating among offenders with respect to their potential for aggressive behavior and vulnerability to sexual abuse. Information gained from the completion of the assessment must be shared among staff with oversight of room and chore assignments, internal treatment and educational groups, and security staff responsible for monitoring health and safety concerns.

**Completion policy:** This risk screening shall be completed during the intake/orientation process, no later than 72 hours of program entry. Offenders shall be reassessed at 30 days and also if any additional, relevant information is received by the program.

**Filling out the form:** The form can be filled out by clicking in checkboxes and pull down calendars. Once completed, print, initial and/or sign.

**Name:** Enter the offender’s full name. **Diversion:** Click the offender’s legal status. **Date of assessment:**  Use calendar pull down to enter date the assessment was completed.

**Age:** Consider the current age of the offender. Click the box if the offender is under the age of 22 or over the age of 60.

**Physical stature:** Click the box if the physical stature of the male offender (as determined by observation) is 5’6” and/or less than 140 lbs or the female offender is 5’ and/or less than 100 lbs.

**Mental or developmental disability:**  Click the box if the offender has a mental need or condition that might make him or her vulnerable in community corrections setting. Consider if the offender has difficulty interacting with others due to limited comprehension and/or communication skills.

**Physical disability:** Click the box if the offender’s physical disability puts him or her at risk of sexual abuse.

**First incarceration:** Click the box if the offender has been incarcerated less than 90 days in a state or federal correctional facility.

**Exclusively non-violent criminal history:** Click the box if all the offender’s criminal offenses are non-violent. Include the current offense. Use item #10 on the LSI as the definition of assault/violence.

**History of sex offense convictions:** Click the box if the offender has a prior or current conviction for a sexual offense against an adult or child.

**Lesbian/Gay/Bi-sexual/Transgender/Gender non-conforming or Intersex:** Click the box if the offender states that he or she is (or staff perceives them to be) lesbian, gay, bi-sexual, undergoing a trans-gender process, displaying traits that are not normally associated with the person’s biological sex or has a medical condition that is a congenital abnormality of the sexual system.

**History of sexual victimization:** Click the box if there is any indication in any documentation or by offender account that the offender has experienced sexual victimization. Consider juvenile and adult experiences.

**Offender’s perception of vulnerability:** Click the box if the offender has the perception that they are vulnerable to sexual abuse.

**History of sexual abusiveness (community):**  Click the box if the offender has a history of sexually perpetrating against another while in the community. Consider the current offense.

**History of violent convictions (community):**  Click the box if the offender has a history of convictions for violent behavior. Consider domestic violence, assault and any predatory convictions in the community. Use item #10 on the LSI as the definition of assault/violence.

**History of institutional violence or sexual abuse:** Click the box if the offender has a history of violent behavior or sexual abuse in a correctional setting. Use item #10 on the LSI as the definition of assault/violence.

**Gang affiliation:** Click the box if there is any indication in any documentation or by offender account that the offender has been involved in gang activity.

**Other factors:** Click the “other” box and enter text for any special circumstances that that have not been addressed and might influence the offender’s risk.