

Clinical Indicators of Sexual Violence in Custody

Attachment 3.

Data Collection Instrument

Clinical Indicators of Sexual Violence in Custody Surveillance Form

Date: ____ / ____ / 20____

Part A. Indicators of sexual violence

Did the inmate make an allegation of sexual violence?

- Yes
 No

-OR-

Did the inmate have any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Rectal bleeding | <input type="checkbox"/> Genital bruising |
| <input type="checkbox"/> Rectal or anal tears or fissures | <input type="checkbox"/> Nipple injuries |
| <input type="checkbox"/> Bruises, scratches, or abrasions on buttocks | |

If inmate made an allegation of sexual violence or any condition in Part A is identified, complete Parts B-E

Part B. Demographics

Age: _____(years)

Height: _____(inches)

Weight: _____(pounds)

Race (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> No information available |
| <input type="checkbox"/> Asian | |

Part C. General injury assessment

Did the inmate have any of the following injuries? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Bruises or scratches to the throat | <input type="checkbox"/> Defensive injuries to the arms, hands or finger nails |
| <input type="checkbox"/> Bruises or scratches to the wrists | <input type="checkbox"/> Broken bone |
| <input type="checkbox"/> Bruises or scratches to the ankles | <input type="checkbox"/> Bite wound |
| <input type="checkbox"/> Bruises or scratches to the shoulders | <input type="checkbox"/> Teeth chipped or knocked out recently |
| <input type="checkbox"/> Bruises or scratches central on body | <input type="checkbox"/> Bruises or cuts in or near the mouth |

Part D. Mental health assessment

Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> High levels of anxiety | <input type="checkbox"/> Extreme emotional reactions at suggestion of sexual assault |
| <input type="checkbox"/> Post traumatic stress disorder | <input type="checkbox"/> Story/report not matching the physical signs |

Part E. Follow-up

Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> HIV/STD testing | <input type="checkbox"/> Segregation, protective custody, or transfer recommended |
| <input type="checkbox"/> Mental health referral | <input type="checkbox"/> Incident report initiated |

NOTICE: Public reporting for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 1121-XXXX.