

PREA Intake Screening

IP Name: _____ DOC#: _____

Date: _____ Facility: _____ SID#: _____

| Risk of Victimization: | Yes | No |
|---|-----|----|
| 1. How old are you? (check yes if the incarcerated individual (IP) is under 22 or over 64 years old) | | |
| 2. What is your height and weight? Height: _____ Weight: _____ check yes if either of these apply : (men less than 5/6" and 120 lbs.) (women less than 5'0" and 118 lbs.) | | |
| 3. Do you have any physical, mental, or developmental disabilities that may affect your ability to function in a prison facility . | | |
| 4. Is this your first major incarceration? | | |
| 5. Is your criminal history exclusively non-violent, including pending charges, and your current charge? | | |
| 6. Do you have any reason to fear placement in general population? | | |
| 7. Were you ever sexually assaulted or abused as a child or adult? (if yes, offer mental health referral) | | |
| 8. Have you ever been approached for sex/threatened with sexual assault while incarcerated? | | |
| 9. Do you consider yourself o homosexual, <input type="checkbox"/> bisexual, <input type="checkbox"/> transgender, o intersex, or <input type="checkbox"/> gender nonconforming?* | | |
| 10. Have you had consensual sex while incarcerated? | | |
| 11. Do you have a criminal history of sex offenses with adult/child victims, including pending charges and your current charge? | | |
| 12. Have you ever been sexually assaulted while incarcerated? (yes response= 4 points and offer mental health referral) | | |

Score of 4 or more on items 1-12 = "at risk for victimization." Each "yes" answer is 1 point.

•If yes, check all that apply.

Risk of Victimization Score:

| Risk of Abusiveness: | Yes | No |
|---|-----|----|
| 13. Do you have a history of violent crimes including pending charges and your current charge? | | |
| 14. Do you have a history of domestic violence as a perpetrator including pending charges and your current charge? | | |
| 15. Do you have a history of administrative violations or institutional infractions for violent offenses? | | |
| 16. Do you have a history of administrative violations or institutional infractions for sexual misconduct? | | |
| 17. Do you have a criminal history of sex offenses with adults? (if yes, offer mental health referral) | | |
| 18. Have you ever sexually assaulted another IP while incarcerated? (yes response= 3 points and offer mental health referral) | | |

Please confirm these responses via file review/observation of IP Score of 3 or more on items 13-18 = "at risk for abusiveness."

Results:

Referral:

Risk of Abusiveness Score:

- | | |
|---|--|
| <input type="checkbox"/> Low risk (no further action necessary) <input type="checkbox"/> At risk of victimization, 4 or more pts. (follow facility policy) <input type="checkbox"/> At risk of abusiveness, 3 or more pts. (follow facility policy) | <input type="checkbox"/> Prior victim, offer follow-up meeting <input type="checkbox"/> Prior abuser, offer follow-up meeting <input type="checkbox"/> Follow-up meeting requested <input type="checkbox"/> Follow-up meeting refused |
|---|--|

Screener's Signature and Title

Date

Thirty-Day Reassessment (if required)

Review complete, no changes

Review complete, updated form submitted

Assessor's Signature and Title

Date