

GEORGIA DEPARTMENT OF CORRECTIONS

PREA SEXUAL VICTIM/SEXUAL AGGRESSOR CLASSIFICATION SCREENING INSTRUMENT

Offender Name

GDC #

**Sexual Victim Factors**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 1. Is the offender a former victim of institutional (prison or jail) rape or sexual assault?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the offender 25 years old or younger or 60 years or older?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the offender small in physical stature?<br>(BMI<18.5.) NOTE: ensure inmate height and weight are correct so SCRIBE can calculate the BMI accurately. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the offender have a developmental disability/mental illness/physical disability?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is this the offender's first incarceration ever (prison or jail)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is or is perceived to be gay/lesbian/bi-sexual/transgender/intersex or gender non-conforming?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the offender have a history of prior sexual victimization (sexual abuse)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the offender's own perception that of being vulnerable?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the offender have a criminal history (convictions) that is exclusively non-violent?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the offender have a conviction(s) for sex offenses against an adult or child?   | <input type="checkbox"/> | <input type="checkbox"/> |

Total Number of Checks: Items 2 – 10 \_\_\_\_\_

**Sexual Aggressor Factors**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Does the offender have a past history of institutional (prison or jail) sexually aggressive behavior? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the offender have a history of sexual abuse/sexual assault towards others (adult and/or child)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the offender's current offense sexual abuse/sexual assault toward others (adult and/or child)?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the offender have a prior conviction(s) for violent offenses?                                    | <input type="checkbox"/> | <input type="checkbox"/> |

Total Number of Checks: Items 2-4 \_\_\_\_\_

Additional Comments/Observations:

**Victim/Aggressor Classification Ratings**

**Sexual Victim Factor Rating:**

*Male Inmates:* If three (3) or more of questions # 2 – 10 are checked, the offender will be classified as a POTENTIAL VICTIM. This will generate the PREA POTENTIAL VICTIM icon on the SCRIBE Offender page.

*Female Inmates:* If five (5) or more of questions #2-10 are checked, the offender will be classified as a POTENTIAL VICTIM. This will generate the PREA POTENTIAL VICTIM icon on the SCRIBE Offender page.

**Sexual Aggressor Factor Rating:**

If question # 1 is answered yes, the offender will be classified as a **KNOWN AGGRESSOR** regardless of the other questions. This will generate the PREA AGGRESSOR icon on the SCRIBE Offender page.

If two (2) or more of questions # 2 – 4 are checked, the offender will be classified as a **POTENTIAL AGGRESSOR**. This will generate the PREA POTENTIAL AGGRESSOR icon on the SCRIBE Offender page.

In situations where the instrument classifies the offender as **Victim and Aggressor**, you must thoroughly review the offender's history to determine which rating will drive the offender's housing, programming, etc. This must be documented in the offender SCRIBE case notes, with an alert note indicating which the controlling rating is.