

**Bismarck Transition Center (BTC)
Prison Rape Elimination Act (PREA)
Assessment Disclaimer**

Resident/Inmate Name (Printed): _____

Resident/Inmate Arrival Date: _____

Resident/Inmate Arrival Time: _____ AM PM

You are going to be asked questions during the intake process that you may not feel comfortable answering. If you choose to answer them, you need to answer them honestly. If you choose not to answer the questions or to stop the questions at any time, you will not be disciplined for your refusal.

If you report that you were abused, or that you have abused someone, as mandatory reporters, staff must report the information to law enforcement for further review. The information reported by staff will be limited to what you tell us.

It is important to note that if you decline to participate in the PREA Assessment, then BTC staff members will use available collateral information to complete this assessment to the best of their ability. This is a good faith effort on the part of the BTC to provide a safe environment in which you are residing.

I understand the statement that was just read to me.

I **agree** to participate in the PREA Assessment

I **decline** to participate in the PREA Assessment

Resident/Inmate Signature: _____

Date: _____

The attached PREA Assessment or Reassessment is being administered by a BTC Staff member after reviewing collateral information from the following possible sources: Previous PREA Screening/Assessment completed by the North Dakota Department of Corrections or various County/City Jails; North Dakota Department of Corrections Sentencing Report; Information provided to BTC as part of the County Classification tool used within the STOP program; Information contained in the BTC Referral Form completed by the referring agent; and/or information relayed to BTC by various law enforcement or corrections professionals.

Staff Signature: _____

Date: _____

**Bismarck Transition Center (BTC)
Prison Rape Elimination Act (PREA) Assessment**

Resident/Inmate Name	Resident/Inmate Number (SID, DOCR or PACT)
Assessment Date and Time	Resident/Inmate Date of Birth
Current Facility: Bismarck Transition Center	Assessment (check one) <input type="checkbox"/> Initial <input type="checkbox"/> Re-Assessment (30 day or as needed)
<input type="checkbox"/> Check this box if resident/inmate declined the assessment and the following is being completed by staff only	

Vulnerability Factors

1. While in a controlled environment, have you ever been forced to do anything sexual you did not want to?
 No Yes (if yes probe further)
2. While in the community, have you ever been forced to do anything sexual you did not want to?
 No Yes (if yes probe further)
3. Have you ever been paid for sex or sexual acts or involved in human trafficking?
 No Yes
4. (Male resident) How tall are you? How much do you weigh? (If under 5' 6" or less than 140lbs; mark yes).
 No Yes N/A Height - Weight -
5. (Female resident) How tall are you? How much do you weigh? (If under 5' or less than 100lbs; mark yes).
 No Yes N/A Height - Weight -
6. Are you intellectually/cognitively challenged, have a physical or medical disability, or a mental health condition that may make you vulnerable in a correctional facility?
 No Yes
7. Are you Lesbian/Gay/Bisexual/Transgender/Intersex/Gender Non-Conforming?
 No Yes - Identify:
8. Do you fear for your safety physically or sexually?
 No Yes
9. Is this your first time in a Residential Program? (For residents entering the Residential Program from Prison (not jail), was this the resident's first time in prison (not jail)?
 No Yes
10. Have you ever been the victim of domestic violence/abuse?
 No Yes
11. How old are you? If younger than 25 or older than 64 mark yes.
 No Yes Age -
12. While in a controlled environment, have you ever filed a report of sexual abuse or harassment where you were the victim?
 No Yes (if yes probe further)

Vulnerability Interpretation

- | | |
|---|--|
| <input type="checkbox"/> Known Victim: | If questions 1, 2, or 3 are scored "Yes". |
| <input type="checkbox"/> Potential Victim: | If three or more questions are scored "Yes". |
| <input type="checkbox"/> Unrestricted: | If two or less questions are scored "Yes". |

Aggressive/Predatory Factors

- 13. While in the community, have you ever physically assaulted anyone or forced anyone into sexual activity against their will?
 No Yes (if yes probe further)
- 14. While in a controlled environment, have you ever physically assault anyone or forced anyone into sexual activity against their will?
 No Yes (if yes, probe further)
- 15. In the past 10 years, have you been convicted of any of the following offenses: Any Sex Crimes, Arson (with loss of life), Kidnapping, Murder, Corruption or Solicitation of a Minor, Stalking, Indecent Exposure; and Lewd and Indecent Acts.
 No Yes (if yes, probe further)
- 16. While in the community, have you ever been an active member of a gang?
 No Yes
- 17. While in a controlled environment, have you ever been a member of a gang?
 No Yes
- 18. While in a controlled environment, have you ever intimidated anyone, engaged in extortion, blackmail, actions or activities hateful to an individual or group, sexual harassment, participated in gang activity, or exposed your genitalia?
 No Yes
- 19. During the past 10 years; do you have a disciplinary conviction within an institution for fighting; homicide; or assault and battery on staff?
 No Yes
- 20. In the past 15 years, have you been diagnosed with a sexually related mental health diagnosis (paraphilia)?
 No Yes
- 21. Have you ever been the aggressor in a domestic violence relationship and/or the perpetrator in a domestic abuse protective order?
 No Yes
- 22. While in a controlled environment, have you ever engaged in sexual activity?
 No Yes (if yes, probe further)
- 23. Have you ever been the victim of sexual abuse whether in the community or within an institution?
 No Yes (if yes, probe further)

Aggressive/Predatory Interpretation

- Known Aggressor:** If questions 13, 14 or 15 are scored "Yes".
 - Potential Aggressor:** If three or more questions are scored "Yes".
 - Unrestricted:** If two or less questions are scored "Yes".
- Is a known "Resident (Inmate) on Resident (Inmate) Abuser" No Yes (If yes staff with Administrator or designee)

BTC Staff Member Recommendations

Continued placement at the Bismarck Transition Center Recommended? Yes No (If no, explain):

Staff Member Signature:

