			OMB No	. 1121-0292:	Approval Expires 09/30/2021
FORM <b>SSV-2</b> (9-25-2018)	THE TOP COLOR HE STATE	SURVEY OF SEXUAL VIC State Prison Summary	Systems	BUF	DEPARTMENT OF JUSTICE REAU OF JUSTICE STATISTICS ND ACTING AS COLLECTION AGENT J.S. DEPT. OF COMMERCE conomics and Statistics Administration U.S. CENSUS BUREAU
DATA SUPPLIED BY					
Name		Ti	tle		
OFFICIAL ADDRESS	Number and	street or P.O. Box/Route Number	City	State	ZIP Code
TELEPHONE	Area code	Number	FAX NUMBER	Area Code	Number
E-MAIL ADDRESS					

# adults but sometimes hold juveniles. INCLUDE prisons, penitentiaries, and correctional institutions; boot camps; community correction facilities; halfway houses; prison farms; reception, diagnostic, and classification centers; road camps; forestry and conservation camps; vocational training facilities; prison hospitals; and drug and alcohol treatment facilities for prisoners. If the answer to a quest in the space provided. If the answer to a quest in the space provided. If the answer to a quest in the space provided.

 INCLUDE State-operated local detention facilities in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont.

What facilities are included in this data collection?

All State-operated confinement facilities that are intended for

- EXCLUDE privately operated facilities and facilities operated and administered by local governments. (These facilities will be contacted directly for data on sexual victimization.)
- EXCLUDE facilities that hold only juveniles. (These facilities will be contacted directly for data on sexual victimization.)

### What inmates and incidents are included in this data collection?

Inmates under your custody between January 1, 2017, and December 31, 2017.

- INCLUDE incidents involving inmates under the authority, custody, or care of your confinement or community-based facilities or staff.
- EXCLUDE incidents involving inmates held in local jails and facilities in other jurisdictions.

#### (Please correct any error in name, mailing address, and ZIP Code)

#### **Reporting instructions:**

- Please complete the entire SSV-2 Form.
- If the answer to a question is "not available" or "unknown," write "DK" (do not know) in the space provided.
- If the answer to a question is "not applicable," write "NA" in the space provided.
- If the answer to a question is "none" or "0," mark the box (☑) provided.

#### **Substantiated incidents of sexual violence:**

 Please complete an Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.

#### **Returning forms:**

- If you need assistance, please call Greta Clark at the U.S. Census Bureau toll–free at 1–800–253–2078, or e-mail govs.ssv@census.gov
- Please return your completed summary and substantiated incident forms by January 18, 2019.
- You may complete these forms online (see enclosed instructions.) Or if you prefer, you may return these forms by mail or fax.
- MAIL TO: U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000
- FAX (TOLL FREE): 1-888-262-3974

#### **Burden Statement**

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 60 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

#### Section I – INMATE-ON-INMATE SEXUAL VICTIMIZATION

#### DEFINITIONS

The survey utilizes the definition of "sexual abuse" as provided by 28 C.F.R. §115.6 in the National Standards to Prevent, Detect, and Respond to Prison Rape (under the Prison Rape Elimination Act of 2003). For purposes of SSV, sexual abuse is disaggregated into three categories of inmate-on-inmate sexual victimization. These categories are:

#### NONCONSENSUAL SEXUAL ACTS

Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse;

#### AND

· Contact between the penis and the vulva or the penis and the anus including penetration, however slight;

OR

· Contact between the mouth and the penis, vulva, or anus:

OR

• Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.

#### **ABUSIVE SEXUAL CONTACT**

Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse;

#### AND

- Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.
- EXCLUDE incidents in which the contact was incidental to a physical altercation.

#### **SEXUAL HARASSMENT**

Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.

#### 1. Does your State prison system record allegations of inmate-on-inmate **NONCONSENSUAL SEXUAL ACTS?**

## $_{01}$ $\square$ Yes $\rightarrow$ a. Do you record all reported

	ones?		ubstantiated
	01 🗌 All		
	02 Substantiat	ted only	
I	b. Do you reco NONCONSE or only com	NSUAL S	EXUAL ACTS
	01 🗌 Both atte	empted and	completed
	02 Complete	ed only	
No → Please provide the definition used by your State prison system for inmate-on-inmate NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 2 and 3.			
. Between Jar	nuary 1, 2017, a legations of in	and Decei	mber 31, 2017, nmate
NONCONSEN	ISUAL SEXUAL	ACTS w	ere reported?
Number repo	orted		None
<ul> <li>If an allegati</li> </ul>	on involved multip	ble victimiza	
<ul> <li>If an allegati count only o</li> <li>Exclude any</li> </ul>	on involved multip		tions,
<ul> <li>If an allegati count only o</li> <li>Exclude any consensual.</li> <li>B. Of the allegation</li> </ul>	on involved multip nce. allegations that w	vere reporte in Item 2	d as
<ul> <li>If an allegati count only o</li> <li>Exclude any consensual.</li> <li>B. Of the allegat many were - responsible for</li> </ul>	on involved multip nce. allegations that w <b>Itions reported</b> – (Please contact investigating alle	vere reporte in Item 2 the agency gations of s	tions, d as <b>, how</b> y or office exual
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<ul> <li>If an allegati count only o</li> <li>Exclude any consensual.</li> <li>B. Of the allegat many were - responsible for</li> </ul>	on involved multip nce. allegations that w <b>itions reported</b> – (Please contact investigating alle order to fully com	vere reporte in Item 2 the agency gations of s	tions, d as <b>, how</b> y or office exual
<ul> <li>If an allegatic count only o</li> <li>Exclude any consensual.</li> <li>Of the allegatimany were - responsible for victimization in</li> <li>a. Substantia</li> <li>The even have occl</li> </ul>	on involved multip nce. allegations that w <b>itions reported</b> – (Please contact investigating alle order to fully com	in Item 2 the agency gations of s plete this for and deterr prepondera	tions, d as <b>a</b> , <b>how</b> y or office rexual form.)
<ul> <li>If an allegatic count only o</li> <li>Exclude any consensual.</li> <li>Of the allegatimany were - responsible for victimization in</li> <li>a. Substantia</li> <li>The even have occl</li> </ul>	on involved multip nce. allegations that w <b>itions reported</b> – (Please contact investigating alle order to fully com ated t was investigated urred, based on a (28 C.F.R. §115.7	in Item 2 the agency gations of s plete this for and deterr prepondera	tions, d as <b>a</b> , <b>how</b> y or office rexual form.)
<ul> <li>If an allegatic count only o</li> <li>Exclude any consensual.</li> <li>Of the allegatimany were - responsible for victimization in</li> <li>Substantia</li> <li>The even have occurrent evidence</li> <li>Unsubstart</li> <li>The investigation of the investigation of th</li></ul>	on involved multip nce. allegations that w <b>itions reported</b> – (Please contact investigating alle order to fully com ated t was investigated urred, based on a (28 C.F.R. §115.7 htiated to determine wh	tere reporte in Item 2 the agency gations of s plete this for and deterr prepondera 72).	tions, d as d as d as d as d as d as d as d as
<ul> <li>If an allegatic count only o</li> <li>Exclude any consensual.</li> <li>Of the allegatimany were - responsible for victimization in</li> <li>a. Substantia</li> <li>The even have occurrevidence</li> <li>b. Unsubstar</li> <li>The investing insufficient</li> </ul>	on involved multip nce. allegations that w <b>itions reported</b> – (Please contact investigating alle order to fully com ated t was investigated urred, based on a (28 C.F.R. §115.7 htiated stigation concluded t to determine wh	tere reporte in Item 2 the agency gations of s plete this for and deterr prepondera 72).	tions, d as d as d as d as d as d as d as d as
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<ul> <li>If an allegatic count only o</li> <li>Exclude any consensual.</li> <li>Of the allegatimany were - responsible for victimization in</li> <li>a. Substantia</li> <li>The even have occured.</li> <li>b. Unsubstar</li> <li>The investing insufficier occurred.</li> <li>c. Unfounded</li> <li>The investing occur.</li> </ul>	on involved multip nce. allegations that w <b>ations reported</b> – (Please contact investigating alle order to fully com ated t was investigated urred, based on a (28 C.F.R. §115.7 <b>atiated</b> stigation concluder t o determine wh	tere reporte the agency gations of s polete this for and determ prepondera 72). d that evide mether or no	tions, d as <b>c, how</b> y or office exual brm.) None nined to ance of the None nce was t the event None

- e. TOTAL (Sum of Items None 3a through 3d . . . . . . .
  - The total should equal the number reported in Item 2.

<ul> <li>4. Does your State prison system record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT? (See definitions on page 2.)</li> <li>01  Yes → Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?</li> <li>01  Yes</li> <li>02  No → Skip to Item 7.</li> <li>02  No → Please provide an explanation in the space below and then skip to Item 7.</li> </ul>	<ul> <li>7. Does your State prison system record allegations of inmate-on-inmate SEXUAL HARASSMENT? (See definitions on page 2.)</li> <li>01 ☐ Yes → Do you record all reported allegations or only substantiated ones?</li> <li>01 ☐ All</li> <li>02 ☐ Substantiated only</li> <li>02 ☐ No → Please provide an explanation in the space below and then skip to Section II.</li> </ul>
<ul> <li>5. Between January 1, 2017, and December 31, 2017, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported?</li> <li>Number reported</li> <li>If an allegation involved multiple victimizations,</li> </ul>	<ul> <li>8. Between January 1, 2017, and December 31, 2017, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?</li> <li>Number reported None</li> <li>If an allegation involved multiple victims or</li> </ul>
<ul> <li>Exclude any allegations that were reported as consensual.</li> </ul>	<ul> <li>Exclude any allegations that were reported as consensual.</li> </ul>
<b>6. Of the allegations reported in Item 5, how</b> <b>many were</b> — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)	<b>9. Of the allegations reported in Item 8, how</b> <b>many were</b> — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)
a. Substantiated	a. Substantiated
<b>b. Unsubstantiated</b>	<b>b. Unsubstantiated</b>
c. Unfounded	c. Unfounded
d. Investigation ongoing	d. Investigation ongoing None
<ul> <li>e. TOTAL (Sum of Items 6a through 6d)</li> <li>The total should equal the number reported in Item 5.</li> </ul>	<ul> <li>e. TOTAL (Sum of Items 9a through 9d)</li> <li>The total should equal the number reported in Item 8.</li> </ul>

#### SECTION II STAFF-ON-INMATE SEXUAL ABUSE

#### DEFINITIONS

The survey utilizes the definition of "sexual abuse" by a staff member, contractor or volunteer as provided by 28 C.F.R. §115.6 in the *National Standards to Prevent, Detect, and Respond to Prison Rape* (under the Prison Rape Elimination Act of 2003). For purposes of SSV, sexual abuse is disaggregated into two categories of staff-on-inmate sexual abuse. These categories are:

#### **STAFF SEXUAL MISCONDUCT**

Any behavior or act of sexual nature directed toward an inmate by an employee, volunteer, contractor, official visitor or other agency representative (exclude family, friends or other visitors).

Sexual relationships of a romantic nature between staff and inmates are included in this definition. Consensual or nonconsensual sexual acts include—

 Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks that is unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire;

#### OR

• Completed, attempted, threatened, or requested sexual acts;

#### OR

 Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification.

#### **STAFF SEXUAL HARASSMENT**

Repeated verbal comments or gestures of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include—

 Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing;

#### OR

• Repeated profane or obscene language or gestures.

#### 10. Does your State prison system record allegations of STAFF SEXUAL MISCONDUCT?

#### 01 Yes → Do you record all reported occurrences, or only substantiated ones?

0

02 Substantiated only

02 No → Please provide an explanation in the space below and then skip to Item 13.

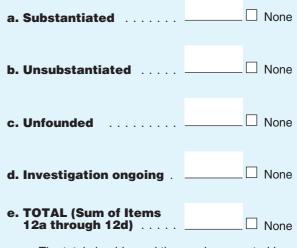
#### 11. Between January 1, 2017, and December 31, 2017, how many allegations of STAFF SEXUAL MISCONDUCT were reported?

#### Number reported

 If an allegation involved multiple victimizations, count only once.

None

**12. Of the allegations reported in Item 11, how many were –** (*Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.*)



• The total should equal the number reported in Item 11.

13.	Does your State prison system record	Section III – PRIVATE AND LOCAL ALLEGATIONS		
	allegations of STAFF SEXUAL HARASSMENT? (See definitions on page 4.)         01 □ Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT?         01 □ Yes         02 □ No → Skip to Item 16.         02 □ No → Please provide an explanation in the space below and then skip to Item 16.	<ul> <li>16. Did any of the allegations reported in Items 2, 5, 8, 11, or 14 occur in a privately operated facility?</li> <li>01 Yes</li> <li>02 No</li> <li>17. Did any of the allegations reported in Items 2, 5, 8, 11, or 14 occur in a facility operated and administered by local governments?</li> <li>01 Yes</li> <li>02 No</li> </ul> Section IV - TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION 18. What is the total number of substantiated incidents reported in Items 3a, 6a, 9a, 12a, and		
		15a? Total substantiated incidents		
14.	Between January 1, 2017, and December 31, 2017, how many allegations of STAFF SEXUAL HARASSMENT were reported?	→ Please complete a Substantiated Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.		
	Number reported	NOTES		
<ul> <li>If an allegation involved multiple victims or staff, count only once.</li> <li>15. Of the allegations reported in Item 14, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)</li> </ul>				
	a. Substantiated			
	b. Unsubstantiated None			
	c. Unfounded None			
	d. Investigation ongoing 🗆 None			
	<ul> <li>e. TOTAL (Sum of Items 15a through 15d) None</li> <li>The total should equal the number reported in Item 14.</li> </ul>			