			OMB N	lo. 1121-0292	: Approval Expires 08/31/2024
FORM <b>SSV-4</b> (3-5-2021)	A COLOR OF THE PARTY OF THE PAR	SURVEY OF SEXUAL V Other Correctio Summary	nal Facilities	BUF	DEPARTMENT OF JUSTICE REAU OF JUSTICE STATISTICS ID ACTING AS COLLECTION AGENT U.S. DEPT. OF COMMERCE U.S. CENSUS BUREAU
DATA SUPPLIED BY					
Name		1	ītle		
OFFICIAL ADDRESS	Number and s	street or P.O. Box/Route Number	City	State	ZIP Code
TELEPHONE	Area code	Number	FAX NUMBER	Area Code	Number
E-MAIL ADDRESS					

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

### What facilities are included in this data collection?

- PRIVATELY OPERATED FACILITIES: All privately owned or operated confinement facilities including prisons, jails, detention centers, community-based facilities, and other correctional facilities that are intended for adults but sometimes hold juveniles. INCLUDE privately operated multi-jurisdictional facilities.
- FACILITIES OPERATED BY OR FOR:
- THE UNITED STATES MILITARY
- THE BUREAU OF IMMIGRATION AND CUSTOMS ENFORCEMENT
- TRIBAL AUTHORITIES
- THE BUREAU OF INDIAN AFFAIRS

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

Inmates under your custody between January 1, 2020, and December 31, 2020.

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

## **Reporting instructions:**

- Please complete the entire SSV-4 Form.
- If the answer to a question is "not available" or "unknown," write "DK" (do not know) in the space provided.

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- If the answer to a question is "not applicable," write "NA" in the space provided.
- Section I: when exact numeric answers are not available, provide estimates and mark (X) the box beside each figure.
- Sections II, III, and IV: if the answer to a question is "none" or "zero," write "0" or 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 the U.S. Census Bureau toll-free at 1-888-369-3613, option 2, or e-mail govs.ssv@census.gov
- Please return your completed summary and substantiated incident forms by October 29, 2021.
- You may complete these forms online at: https://ssv.census.gov/
  - MAIL TO: U.S. Census Bureau, P.O. Box 5000,
  - Jeffersonville, IN 47199-5000
- FAX (TOLL FREE) TO: 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 30 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.

#### 1. How many persons under the supervision of your facility were— DEFINITIONS The survey utilizes the definition of "sexual abuse" as a. CONFINED on December 31, 2020? 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). Attempted INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction. nonconsensual sexual acts are included if recorded by the facility. For purposes of SSV, sexual abuse is disaggregated INCLUDE persons out to court while under your into three categories of inmate-on-inmate sexual jurisdiction. victimization. These categories are: NONCONSENSUAL SEXUAL ACTS INCLUDE persons held for other jurisdictions. Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse; • EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions. AND • EXCLUDE all persons in non-residential communitybased programs run by your facility Contact between the penis and the vulva or the penis (e.g., electronic monitoring, house arrest, community and the anus including penetration, however slight; service, day reporting, work programs). **O**R Male Female Contact between the mouth and the penis, vulva, or anus: Inmates on December 31, 2020 **O**R Penetration of the anal or genital opening of another b. ADMITTED to your facility during 2020? person however slight, by a hand, finger, object, or other instrument. INCLUDE new admissions only, i.e., persons officially booked into and housed in your facilities by formal legal document and by the authority of the **ABUSIVE SEXUAL CONTACT** courts or some other official agency. Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse; INCLUDE repeat offenders booked on new charges. AND • EXCLUDE returns from escape, work release, medical appointments/treatment facilities, and bail or court Intentional touching, either directly or through the appearances. clothing, of the genitalia, anus, groin, breast, inner thigh, Male Female or buttocks of any person. **New admissions** EXCLUDE incidents in which the contact was incidental during 2020 . . . . . . . to a physical altercation. **SEXUAL HARASSMENT** 2. Between January 1, 2020, and December 31, 2020, what was the average 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 daily population of your confinement facility? directed toward another. To calculate the average daily population, add the number of persons for each day during the period January 1, 2020, through December 31, 2020, and divide the result by 365. Male Female **Average daily** population

Section II – INMATE-ON-INMATE SEXUAL VICTIMIZATION

**Section I – GENERAL INFORMATION** 

<b>3. Does your facility record allegations of inmate-on- inmate NONCONSENSUAL SEXUAL ACTS?</b> (See definitions on page 2.)			6. Does your facility record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT? (See definitions on page 2.)
of ☐ Yes → a. Do you record all reported occurrences, or only substantiated ones?			Generation of Nonconsensities of Nonconsensual allegations of Nonconsensual SEXUAL ACTS?
	01 🛄 All	ad auto	01 🗌 Yes
	02 Substantiat	ed only	02
	b. Do you record NONCONSEN or only compl	SUAL SEXUAL ACTS	$_{02}$ $\square$ No $\rightarrow$ Please provide an explanation in the space below and then skip to Item 9.
	01 Both attemp 02 Completed	oted and completed only	
02		NONCONSENSUAL	
Do	etween January 1, 2020, a ecember 31, 2020, how ma f inmate- on-inmate NONC EXUAL ACTS were reporte	any allegations ONSENSUAL	7. Between January 1, 2020, and December 31, 2020, how many allegations of inmate- on-inmate ABUSIVE SEXUAL CONTACT were reported?
N	umber reported	Done	Number reported
	If an allegation involved multip		<ul> <li>If an allegation involved multiple victimizations, count</li> </ul>
	only once.		only once.
•	Exclude any allegations that we	re reported as consensual.	<ul> <li>Exclude any allegations that were reported as consensual.</li> </ul>
<b>w</b> fo	f the allegations reported rere — (Please contact the age r investigating allegations of se fully complete this form.)	ency or office responsible	8. Of the allegations reported in Item 7, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)
		□	
a	<ul> <li>Substantiated</li> <li>The event was investigated occurred, based on a preparation of the preparation o</li></ul>	and determined to have	a. Substantiated Mone
	(28 C.F.R. §115.72).		
b.	Unsubstantiated	None	<b>b. Unsubstantiated</b> None
	The investigation concluded to determine whether or not	that evidence was insufficient	t
			c. Unfounded None
C.	Unfounded	🗆 None	
	The investigation determined	d that the event did NOT occur.	
d.	. Investigation ongoing	🗆 None	<b>d. Investigation ongoing</b> 🗌 None
	• Evidence is still being gath and a final determination h	ered, processed or evaluated, as not yet been made.	
e	<b>TOTAL</b> (Sum of Items 5a through 5d)		through 8d)
	<ul> <li>The total should equal the</li> </ul>		• The total should equal the number reported in Item 7.
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9. Does your facility record allegations of inmate-on-	Section III – STAFF-ON-INMATE SEXUAL ABUSE	
inmate SEXUAL HARASSMENT? (See definitions on page 2.)	DEFINITIONS	
<ul> <li>Yes → Do you record all reported allegations or only substantiated ones?</li> <li>01 All</li> <li>02 No → Please provide an explanation in the space below and then skip to Section III.</li> </ul>	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 <i>National Standards to Prevent, Detect, and</i> <i>Respond to Prison Rape</i> (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: <b>STAFF SEXUAL MISCONDUCT</b>	
	<ul> <li>Any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, contractor, official visitor or other agency representative (exclude family, friends or other visitors).</li> <li>Sexual relationships of a romantic nature between staff and inmates are included in this definition. Consensual or nonconsensual sexual acts include—</li> <li>Intentional touching, either directly or through the</li> </ul>	
	<ul> <li>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;</li> <li>OR</li> <li>Completed, attempted, threatened, or requested sexual acts;</li> </ul>	
10. Between January 1, 2020, and December 31, 2020, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?	<ul> <li>OR</li> <li>Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reason unrelated to official duties or for sexual gratification.</li> </ul>	
<ul> <li>Number reported None</li> <li>If an allegation involved multiple victims or inmate perpetrators, count only once.</li> <li>Exclude any allegations that were reported as consensual.</li> </ul>	<b>STAFF SEXUAL HARASSMENT</b> 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—	
<b>11. Of the allegations reported in Item 10, 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.)	<ul> <li>Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing;</li> </ul> OR	
a. Substantiated	<ul> <li>Repeated profane or obscene language or gestures.</li> </ul>	
<b>b. Unsubstantiated</b> 🗆 None		
<b>c. Unfounded</b>		
d. Investigation ongoing None		
<ul> <li>e. TOTAL (Sum of Items 11a through 11d) In None</li> <li>The total should equal the number reported in Item 10.</li> </ul>		

12. Does your facility record allegations of STAFF SEXUAL MISCONDUCT? (See definitions on page 4.)	<b>15. Does your facility record allegations of STAFF</b> <b>SEXUAL HARASSMENT?</b> (See definitions on page 4.)
OT Yes → Do you record all reported occurrences, or only substantiated ones?	01 ☐ Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT?
01 All 02 Substantiated only	01 □ Yes 02 □ No → Skip to Item 18.
02 ○ No → Please provide an explanation in the space below and then skip to Item 15.	02 □ No → Please provide an explanation in the space below and skip to Item 18.
13. Between January 1, 2020, and December 31, 2020, how many allegations of STAFF SEXUAL MISCONDUCT were reported?	16. Between January 1, 2020, and December 31, 2020, how many allegations of STAFF SEXUAL HARASSMENT were reported?
Number reported	Number reported
<ul> <li>If an allegation involved multiple victimizations, count only once.</li> </ul>	<ul> <li>If an allegation involved multiple victims or staff, count only once.</li> </ul>
<b>14. Of the allegations reported in Item 13, how</b> <b>many were</b> — (Please contact the agency or office responsible for investigation allegations of sexual victimization in order to fully complete this form.)	<b>17. Of the allegations reported in Item 16, 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>
<b>c. Unfounded</b> None	c. Unfounded
<b>d. Investigation ongoing</b> 🗆 None	<b>d. Investigation ongoing</b> 🗆 None
<ul> <li>e. TOTAL (Sum of Items 14a through 14d) Image Image</li></ul>	<ul> <li>e. TOTAL (Sum of Items 17a through 17d)</li> <li>The total should equal the number reported in Item 16.</li> </ul>

Section IV – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION	NOTES
18. What is the total number of substantiated incidents reported in Items 5a, 8a, 11a, 14a, and 17a?	
Total substantiated incidents	
Please complete a Substantiated Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.	