

## **Attachment 2**

### Questionnaires

FORM **SSV-1**  
(5-17-2017)**SURVEY OF SEXUAL VICTIMIZATION, 2016**  
**Federal Bureau of Prisons**  
**Summary Form**U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT  
U.S. DEPT. OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU**DATA SUPPLIED BY**

Name		Title			
<b>OFFICIAL ADDRESS</b>	Number and street or P.O. Box/Route Number		City	State	ZIP Code
<b>TELEPHONE</b>	Area code	Number	<b>FAX NUMBER</b>	Area Code	Number
<b>E-MAIL ADDRESS</b>					

*(Please correct any error in name, mailing address, and ZIP Code)***What facilities are included in this data collection?**

All confinement facilities operated by the Federal Bureau of Prisons.

- 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.

- **EXCLUDE privately-operated facilities. (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, 2016, and December 31, 2016.

- 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.**

**Reporting instructions:**

- Please complete the entire SSV-1 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 August 15, 2017.**
- **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 unwanted 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 the Federal Bureau of Prisons record allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS?**

01  Yes → **a. Do you record all reported occurrences, or only substantiated ones?**

01  All

02  Substantiated only

**b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones?**

01  Both attempted and completed

02  Completed only

02  No → *Please provide the definition used by the Federal Bureau of Prisons for inmate-on-inmate NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 2 and 3.*

**2. Between January 1, 2016, and December 31, 2016, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

**3. Of the allegations reported in Item 2, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)**

**a. Substantiated** . . . . .   None

- The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).

**b. Unsubstantiated** . . . . .   None

- The investigation concluded that evidence was insufficient to determine whether or not the event occurred.

**c. Unfounded** . . . . .   None

- The investigation determined that the event did NOT occur.

**d. Investigation ongoing** . . . . .   None

- Evidence is still being gathered, processed or evaluated, and a final determination has not yet been made.

**e. TOTAL (Sum of Items 3a through 3d)** . . . . .   None

- The total should equal the number reported in Item 2.

**4. Does the Federal Bureau of Prisons record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT?** (See definitions on page 2.)

01  Yes → **Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?**

01  Yes

02  No → Skip to Item 7.

02  No → Please provide an explanation in the space below and then skip to Item 7.

**7. Does the Federal Bureau of Prisons record allegations of inmate-on-inmate SEXUAL HARASSMENT?** (See definitions on page 2.)

01  Yes → **Do you record all reported allegations or only substantiated ones?**

01  All

02  Substantiated only

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

**5. Between January 1, 2016, and December 31, 2016, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

**6. Of the allegations reported in Item 5, how many were —** (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

**a. Substantiated** . . . . .   None

**b. Unsubstantiated** . . . . .   None

**c. Unfounded** . . . . .   None

**d. Investigation ongoing**   None

**e. TOTAL** (Sum of Items 6a through 6d) . . . . .   None

- The total should equal the number reported in Item 5.

**8. Between January 1, 2016, and December 31, 2016, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victims or inmate perpetrators, count only once.
- Exclude any allegations that were reported as consensual.

**9. Of the allegations reported in Item 8, how many were —** (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

**a. Substantiated** . . . . .   None

**b. Unsubstantiated** . . . . .   None

**c. Unfounded** . . . . .   None

**d. Investigation ongoing** .   None

**e. TOTAL** (Sum of Items 9a through 9d) . . . . .   None

- The total should equal the number reported in Item 8.

**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 a 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 statements, 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 the Federal Bureau of Prisons record allegations of STAFF SEXUAL MISCONDUCT?**

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

01  All

02  Substantiated only

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

**11. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL MISCONDUCT were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victimizations, count only once.

**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.)*

**a. Substantiated** . . . . .   None

**b. Unsubstantiated** . . . . .   None

**c. Unfounded** . . . . .   None

**d. Investigation ongoing** .   None

**e. TOTAL** (Sum of Items 12a through 12d) . . . . .   None

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

**13. Does the Federal Bureau of Prisons record 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.

**14. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL HARASSMENT were reported?**

Number reported .....   None

- If an allegation involved multiple victims or staff, count only once.

**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.)

a. **Substantiated** .....   None

b. **Unsubstantiated** .....   None

c. **Unfounded** .....   None

d. **Investigation ongoing** .   None

e. **TOTAL** (Sum of Items 15a through 15d) .....   None

- The total should equal the number reported in Item 14.

**Section III – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION**

**16. What is the total number of substantiated incidents reported Items 3a, 6a, 9a, 12a, and 15a?**

Total substantiated incidents .....   None

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

**NOTES**

FORM **SSV-2**  
(5-17-2017)**SURVEY OF SEXUAL VICTIMIZATION, 2016****State Prison Systems  
Summary Form**U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT  
U.S. DEPT. OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU**DATA SUPPLIED BY**

Name		Title			
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<b>TELEPHONE</b>	Area code	Number	<b>FAX NUMBER</b>	Area Code	Number
<b>E-MAIL ADDRESS</b>					

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

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

All State-operated confinement facilities that are intended for 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.
- INCLUDE State-operated local detention facilities in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont.

- **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, 2016, and December 31, 2016.

- 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.**

**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 August 15, 2017.**
- **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**

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**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 unwanted 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  Yes → **a. Do you record all reported occurrences, or only substantiated ones?**

01  All

02  Substantiated only

**b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones?**

01  Both attempted and completed

02  Completed only

02  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.*

**2. Between January 1, 2016, and December 31, 2016, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

**3. Of the allegations reported in Item 2, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)**

**a. Substantiated** . . . . .   None

- The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).

**b. Unsubstantiated** . . . . .   None

- The investigation concluded that evidence was insufficient to determine whether or not the event occurred.

**c. Unfounded** . . . . .   None

- The investigation determined that the event did NOT occur.

**d. Investigation ongoing** . . . . .   None

- Evidence is still being gathered, processed or evaluated, and a final determination has not yet been made.

**e. TOTAL** (Sum of Items 3a through 3d) . . . . .   None

- The total should equal the number reported in Item 2.



**4. Does your State prison system record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT?** (See definitions on page 2.)

01  Yes → **Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?**

01  Yes

02  No → Skip to Item 7.

02  No → Please provide an explanation in the space below and then skip to Item 7.

**7. Does your State prison system record allegations of inmate-on-inmate SEXUAL HARASSMENT?** (See definitions on page 2.)

01  Yes → **Do you record all reported allegations or only substantiated ones?**

01  All

02  Substantiated only

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

**5. Between January 1, 2016, and December 31, 2016, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

**6. Of the allegations reported in Item 5, how many were —** (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

**a. Substantiated** . . . . .   None

**b. Unsubstantiated** . . . . .   None

**c. Unfounded** . . . . .   None

**d. Investigation ongoing** .   None

**e. TOTAL** (Sum of Items 6a through 6d) . . . . .   None

- The total should equal the number reported in Item 5.

**8. Between January 1, 2016, and December 31, 2016, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victims or inmate perpetrators, count only once.
- Exclude any allegations that were reported as consensual.

**9. Of the allegations reported in Item 8, how many were —** (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

**a. Substantiated** . . . . .   None

**b. Unsubstantiated** . . . . .   None

**c. Unfounded** . . . . .   None

**d. Investigation ongoing** .   None

**e. TOTAL** (Sum of Items 9a through 9d) . . . . .   None

- The total should equal the number reported in Item 8.

**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 statements, 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?**

01  All

02  Substantiated only

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

**11. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL MISCONDUCT were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victimizations, count only once.

**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.)*

**a. Substantiated** . . . . .   None

**b. Unsubstantiated** . . . . .   None

**c. Unfounded** . . . . .   None

**d. Investigation ongoing** .   None

**e. TOTAL** (Sum of Items 12a through 12d) . . . . .   None

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

**13. Does your State prison system record 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.

**14. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL HARASSMENT were reported?**

Number reported . . . . .   None

- If an allegation involved multiple victims or staff, count only once.

**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.)

a. **Substantiated** . . . . .   None

b. **Unsubstantiated** . . . . .   None

c. **Unfounded** . . . . .   None

d. **Investigation ongoing** .   None

e. **TOTAL** (Sum of Items 15a through 15d) . . . . .   None

- The total should equal the number reported in Item 14.

**Section III – PRIVATE AND LOCAL ALLEGATIONS**

**16. Did any of the allegations reported in Items 2, 5, 8, 11, or 14 occur in a privately operated facility?**

01  Yes

02  No

**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?**

01  Yes

02  No

**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 . . . . .   None

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

**NOTES**

FORM **SSV-3**  
(4-26-2017)**SURVEY OF SEXUAL VICTIMIZATION, 2016**  
**Local Jail Jurisdictions**  
**Summary Form**U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT  
U.S. DEPT. OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU**DATA SUPPLIED BY**

Name		Title			
<b>OFFICIAL ADDRESS</b>	Number and street or P.O. Box/Route Number		City	State	ZIP Code
<b>TELEPHONE</b>	Area code	Number	<b>FAX NUMBER</b>	Area Code	Number
<b>E-MAIL ADDRESS</b>					

*(Please correct any error in name, mailing address, and ZIP Code)***What facilities are included in this data collection?**

All confinement facilities usually operated by a local law enforcement agency that are intended for adults but sometimes hold juveniles.

- INCLUDE all jails and city/county correctional centers that hold inmates beyond arraignment. Report on ALL inmates, including those held in separate holding or lockup areas within your facility.
- INCLUDE multi-jurisdictional facilities (e.g., regional jails).
- INCLUDE special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).

- **EXCLUDE privately-operated jails. (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, 2016, and December 31, 2016.

- 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-3 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.
- 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 (X) provided.

**Substantiated incidents of sexual violence:**

- Please complete an Incident Form (Adult, SSV-1A) 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 **1-888-369-3613, option 2**, or e-mail **govs.ssv@census.gov**
- **Please return your completed summary and substantiated incident forms by August 1, 2017.**
- **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**

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**Section I – GENERAL INFORMATION**

**Section II – INMATE-ON-INMATE SEXUAL VICTIMIZATION**

**1. How many persons under the supervision of your local jail jurisdiction were—**

**a. CONFINED in your jail facilities on December 31, 2016?**

- INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
- INCLUDE persons out to court while under your jurisdiction.
- INCLUDE persons held for other jurisdictions.
- EXCLUDE persons housed in facilities operated by two or more jurisdictions or those held in privately-operated jails.
- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
- EXCLUDE all persons in non-residential community-based programs run by your jail (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).

	Male	Female
<b>Inmates on December 31, 2016 . . .</b>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**b. ADMITTED to your jail facilities during 2016?**

- 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 courts or some other official agency.
- INCLUDE repeat offenders booked on new charges.
- EXCLUDE returns from escape, work release, medical appointments/treatment facilities, and bail or court appearances.

	Male	Female
<b>New admissions during 2016 . . . . .</b>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**2. Between January 1, 2016, and December 31, 2016, what was the average daily population of all jail confinement facilities operated by your jurisdiction?**

- To calculate the average daily population, add the number of persons for each day during the period January 1, 2016, through December 31, 2016, and divide the result by 365.

	Male	Female
<b>Average daily population . . . . .</b>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**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.

**3. Does your local jail jurisdiction record allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS?** (See definitions on page 2.)

01  Yes → **a. Do you record all reported occurrences, or only substantiated ones?**

- 01  All
- 02  Substantiated only

**b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones?**

- 01  Both attempted and completed
- 02  Completed only

02  No → Please provide the definition used by your local jail jurisdiction for inmate-on-inmate NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 4 and 5.

**4. Between January 1, 2016, and December 31, 2016, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?**

**Number reported** .....   None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

**5. Of the allegations reported in Item 4, how many were —** (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

**a. Substantiated** .....   None

- The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).

**b. Unsubstantiated** .....   None

- The investigation concluded that evidence was insufficient to determine whether or not the event occurred.

**c. Unfounded** .....   None

- The investigation determined that the event did NOT occur.

**d. Investigation ongoing** .....   None

- Evidence is still being gathered, processed or evaluated, and a final determination has not yet been made.

**e. TOTAL** (Sum of Items 5a through 5d) .....   None

- The total should equal the number reported in Item 4.

**6. Does your local jail jurisdiction record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT?** (See definitions on page 2.)

01  Yes → **Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?**

- 01  Yes
- 02  No → Skip to Item 9.

02  No → Please provide an explanation in the space below and then skip to Item 9.

**7. Between January 1, 2016, and December 31, 2016, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported?**

**Number reported** .....   None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

**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. Substantiated** .....   None

**b. Unsubstantiated** .....   None

**c. Unfounded** .....   None

**d. Investigation ongoing** .....   None

**e. TOTAL** (Sum of Items 8a through 8d) .....   None

- The total should equal the number reported in Item 7.

**Section III - STAFF-ON-INMATE SEXUAL ABUSE**

**9. Does your local jail jurisdiction record allegations of inmate-on-inmate SEXUAL HARASSMENT?** (See definitions on page 2.)

01  Yes → **Do you record all reported allegations or only substantiated ones?**

01  All

02  Substantiated only

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

**10. Between January 1, 2016, and December 31, 2016, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?**

**Number reported** \_\_\_\_\_  None

- If an allegation involved multiple victims or inmate perpetrators, count only once.
- Exclude any allegations that were reported as consensual.

**11. Of the allegations reported in Item 10, how many were—**

**a. Substantiated** \_\_\_\_\_  None

**b. Unsubstantiated** \_\_\_\_\_  None

**c. Unfounded** \_\_\_\_\_  None

**d. Investigation ongoing** \_\_\_\_\_  None

**e. TOTAL** (Sum of Items 11a through 11d) \_\_\_\_\_  None

- The total should equal the number reported in Item 10.

**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 a 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 statements, 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.



**12. Does your local jail jurisdiction record allegations of STAFF SEXUAL MISCONDUCT?**  
(See definitions on page 4.)

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

01  All

02  Substantiated only

02  No → Please provide an explanation in the space below and then skip to Item 15.

**13. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL MISCONDUCT were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victimizations, or staff, count only once.

**14. Of the allegations reported in Item 10, how many were —** (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

**a. Substantiated** . . . . .   None

**b. Unsubstantiated** . . . . .   None

**c. Unfounded** . . . . .   None

**d. Investigation ongoing** .   None

**e. TOTAL** (Sum of Items 14a through 14d) . . . . .   None

- The total should equal the number reported in Item 13.

**15. Does your local jail jurisdiction record 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 18.

02  No → Please provide an explanation in the space below and then skip to Item 18.

**16. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL HARASSMENT were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victims or staff, count only once.

**17. Of the allegations reported in Item 16, how many were —** (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

**a. Substantiated** . . . . .   None

**b. Unsubstantiated** . . . . .   None

**c. Unfounded** . . . . .   None

**d. Investigation ongoing** .   None

**e. TOTAL** (Sum of Items 17a through 17d) . . . . .   None

- The number should equal the number reported in Item 16.



**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** .....   None

→ **Please complete a Substantiated Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.**

FORM **SSV-4**  
(4-26-2017)

**SURVEY OF SEXUAL VICTIMIZATION, 2016**  
**Other Correctional Facilities**  
**Summary Form**

U.S. DEPARTMENT OF JUSTICE  
 BUREAU OF JUSTICE STATISTICS  
 AND ACTING AS COLLECTION AGENT  
 U.S. DEPT. OF COMMERCE  
 Economics and Statistics Administration  
 U.S. CENSUS BUREAU

**DATA SUPPLIED BY**

Name		Title			
<b>OFFICIAL ADDRESS</b>	Number and street or P.O. Box/Route Number		City	State	ZIP Code
<b>TELEPHONE</b>	Area code	Number	<b>FAX NUMBER</b>	Area Code	Number
<b>E-MAIL ADDRESS</b>					

*(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, 2016, and December 31, 2016.

- 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.
- 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 (X) 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 **1-888-369-3613, option 2**, or e-mail **govs.ssv@census.gov**
- **Please return your completed summary and substantiated incident forms by August 1, 2017.**
- **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) 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.

**Section I – GENERAL INFORMATION**

**Section II – INMATE-ON-INMATE SEXUAL VICTIMIZATION**

**1. How many persons under the supervision of your facility were—**

**a. CONFINED on December 31, 2016?**

- INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
- INCLUDE persons out to court while under your jurisdiction.
- INCLUDE persons held for other jurisdictions.
- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
- EXCLUDE all persons in non-residential community-based programs run by your facility (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).

	Male	Female
<b>Inmates on December 31, 2016</b> . . .	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**b. ADMITTED to your facility during 2016?**

- 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 courts or some other official agency.
- INCLUDE repeat offenders booked on new charges.
- EXCLUDE returns from escape, work release, medical appointments/treatment facilities, and bail or court appearances.

	Male	Female
<b>New admissions during 2016</b> . . . . .	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**2. Between January 1, 2016, and December 31, 2016, what was the average daily population of your confinement facility?**

- To calculate the average daily population, add the number of persons for each day during the period January 1, 2016, through December 31, 2016, and divide the result by 365.

	Male	Female
<b>Average daily population</b> . . . . .	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**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.

**3. Does your facility record allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS? (See definitions on page 2.)**

01  Yes → **a. Do you record all reported occurrences, or only substantiated ones?**

- 01  All
- 02  Substantiated only

**b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones?**

- 01  Both attempted and completed
- 02  Completed only

02  No → Please provide the definition used by your facility for inmate-on-inmate NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 4 and 5.

**4. Between January 1, 2016, and December 31, 2016, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

**5. Of the allegations reported in Item 4, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)**

**a. Substantiated** . . . . .   None

- The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).

**b. Unsubstantiated** . . . . .   None

- The investigation concluded that evidence was insufficient to determine whether or not the event occurred.

**c. Unfounded** . . . . .   None

- The investigation determined that the event did NOT occur.

**d. Investigation ongoing**   None

- Evidence is still being gathered, processed or evaluated, and a final determination has not yet been made.

**e. TOTAL** (Sum of Items 5a through 5d) . . . . .   None

- The total should equal the number reported in Item 4.

**6. Does your facility record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT? (See definitions on page 2.)**

01  Yes → **Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?**

- 01  Yes
- 02  No → Skip to Item 9.

02  No → Please provide an explanation in the space below and then skip to Item 9.

**7. Between January 1, 2016, and December 31, 2016, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

**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. Substantiated** . . . . .   None

**b. Unsubstantiated** . . . . .   None

**c. Unfounded** . . . . .   None

**d. Investigation ongoing** .   None

**e. TOTAL** (Sum of Items 8a through 8d) . . . . .   None

- The total should equal the number reported in Item 7.

**Section III – STAFF-ON-INMATE SEXUAL ABUSE**

**9. Does your facility record allegations of inmate-on-inmate SEXUAL HARASSMENT?** (See definitions on page 2.)

01  Yes → **Do you record all reported allegations or only substantiated ones?**

01  All

02  Substantiated only

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

**10. Between January 1, 2016, and December 31, 2016, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victims or inmate perpetrators, count only once.
- Exclude any allegations that were reported as consensual.

**11. Of the allegations reported in Item 10, how many were —** (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

**a. Substantiated** . . . . .   None

**b. Unsubstantiated** . . . . .   None

**c. Unfounded** . . . . .   None

**d. Investigation ongoing** . . . . .   None

**e. TOTAL** (Sum of Items 11a through 11d) . . . . .   None

- The total should equal the number reported in Item 10.

**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 a 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 reason unrelated to official duties or for sexual gratification.

**STAFF SEXUAL HARASSMENT**

Repeated verbal statements, 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.

**12. Does your facility record allegations of STAFF SEXUAL MISCONDUCT?** (See definitions on page 4.)

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

01  All

02  Substantiated only

02  No → Please provide an explanation in the space below and then skip to Item 15.

**13. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL MISCONDUCT were reported?**

**Number reported** .....   None

- If an allegation involved multiple victimizations, count only once.

**14. Of the allegations reported in Item 13, how many were —** (Please contact the agency or office responsible for investigation allegations of sexual victimization in order to fully complete this form.)

**a. Substantiated** .....   None

**b. Unsubstantiated** .....   None

**c. Unfounded** .....   None

**d. Investigation ongoing** .....   None

**e. TOTAL** (Sum of Items 14a through 14d) .....   None

- The total should equal the number reported in Item 13.

**15. Does your facility record 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 18.

02  No → Please provide an explanation in the space below and skip to Item 18.

**16. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL HARASSMENT were reported?**

**Number reported** .....   None

- If an allegation involved multiple victims or staff, count only once.

**17. Of the allegations reported in Item 16, how many were —** (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

**a. Substantiated** .....   None

**b. Unsubstantiated** .....   None

**c. Unfounded** .....   None

**d. Investigation ongoing** .....   None

**e. TOTAL** (Sum of Items 17a through 17d) .....   None

- The total should equal the number reported in Item 16.

**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** .....   None

**→ Please complete a Substantiated Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.**

FORM **SSV-5**  
(5-11-2017)**SURVEY OF SEXUAL VICTIMIZATION, 2016**  
**State Juvenile Systems**  
**Summary Form**U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT  
U.S. DEPT. OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU**DATA SUPPLIED BY**

Name		Title			
<b>OFFICIAL ADDRESS</b>	Number and street or P.O. Box/Route Number		City	State	ZIP Code
	<b>TELEPHONE</b>	Area code	Number	<b>FAX NUMBER</b>	Area Code
<b>E-MAIL ADDRESS</b>					

*(Please correct any error in name, mailing address, and ZIP Code)***What facilities are included in this data collection?**

All State-operated juvenile residential placement facilities used to house juveniles and youthful offenders, regardless of age or reason for placement.

- INCLUDE State-operated juvenile residential facilities such as: detention centers, training schools, long-term secure facilities; reception or diagnostic centers; group homes or halfway houses; boot camps; ranches; forestry camps, wilderness or marine programs, or farms; runaway or homeless shelters; and residential treatment centers for juveniles.

- **EXCLUDE privately operated facilities and facilities operated or administered by local governments. (These facilities will be contacted directly for data on sexual victimization.)**

**What persons and incidents are included in this data collection?**

Juveniles and youthful offenders, regardless of age or reason for placement, under your custody between January 1, 2016, and December 31, 2016.

- INCLUDE incidents involving juveniles or youthful offenders under the authority, custody, or care of your confinement or community-based facilities or staff.
- **EXCLUDE incidents involving juveniles or youthful offenders not held in facilities operated by your State juvenile system.**

**Reporting instructions:**

- Please complete the entire SSV-5 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.
- Section I: when exact numeric answers are not available, provide estimates and mark (  ) the box beside each figure.
- Sections II, III, and V: 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 (Juvenile, SSV-IJ) 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 email **govs.ssv@census.gov**
- **Please return your completed summary and substantiated incident forms by August 15, 2017.**
- **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.



**DEFINITIONS**

**JUVENILES and YOUTHFUL OFFENDERS**

- Any person under the jurisdiction of your State's juvenile system or youthful offender authority, regardless of age or reason for placement.

**FACILITIES**

INCLUDE all State-operated facilities used to house juveniles or youthful offenders charged with or court-adjudicated for:

- Any offense that is illegal for both adults and juveniles;

**OR**

- An offense that is ILLEGAL in your State for juveniles, but not for adults (running away, truancy, incorrigibility, curfew violations, and liquor violations).

EXCLUDE State-operated facilities used ONLY to house juveniles for:

- Non-criminal purposes (neglect, abuse, abandonment, or dependency);

**OR**

- Being Persons in Need of Services (PINS) or Children in Need of Services (CHINS) who have assigned beds for reasons other than offenses.

**Section I - GENERAL INFORMATION**

**1. On December 31, 2016, how many facilities operated by your State held juveniles or youthful offenders CHARGED WITH or COURT-ADJUDICATED FOR AN OFFENSE?**

Number of facilities . . .

- Count all juvenile residential facilities where young persons who have committed offenses may be housed overnight.
- Count each facility with a separate physical location only once. Do not count separate living/sleeping units, wings, floors, dorms, barracks, or cottages within a single facility.

**2. On December 31, 2016, how many persons held in the facilities reported in Item 1 were —**

a. Males . . . . .

b. Females . . . . .

c. TOTAL (Sum of Items 2a and 2b)

- Count persons held in the facilities reported in Item 1 regardless of age or reason for placement. Include persons who were temporarily away but had assigned beds on December 31, 2016.

**3. On December 31, 2016, how many persons held in the facilities reported in Item 1 were —**

a. Age 17 or younger . . . . .

b. Age 18 to 20 . . . . .

c. Age 21 or older . . . . .

d. TOTAL (Sum of Items 3a through 3c should equal Item 2c) . . . . .

- Count all persons held in the facilities reported in Item 1 regardless of age or reason for placement. Include persons who were temporarily away but had assigned beds on December 31, 2016.

**4. Between January 1, 2016, and December 31, 2016, how many persons were admitted to or discharged from the facilities reported in Item 1?**

a. TOTAL number admitted . .

b. TOTAL number discharged .

- Include all persons admitted into your State-operated juvenile residential facilities by a formal legal document, by the authority of the courts, or by some other official agency.
- Include all persons discharged from your State-operated juvenile residential facilities after a period of confinement including sentence completion, pretrial releases, transfers to adult jurisdictions or to other States, and deaths.
- Exclude admissions and discharges resulting from returns from escape, administrative transfers to other juvenile facilities operated by your State, or temporary release including work/school release, medical appointments, other treatment facilities, or court appearances.

**Section II – YOUTH-ON-YOUTH 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 youth-on-youth 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**

- Sexual 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 youth directed toward another.

**5. Does your State juvenile system record allegations of youth-on-youth NONCONSENSUAL SEXUAL ACTS?**

01  Yes → **a. Do you record all reported occurrences, or only substantiated ones?**

- 01  All
- 02  Substantiated only

**b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones?**

- 01  Both attempted and completed
- 02  Completed only

02  No → *Please provide the definition used by your State juvenile system for youth-on-youth NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 6 and 7.*

**6. Between January 1, 2016, and December 31, 2016, how many allegations of youth-on-youth NONCONSENSUAL SEXUAL ACTS were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

**7. Of the allegations reported in Item 6, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)**

**a. Substantiated** . . . . .   None

- The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).

**b. Unsubstantiated** . . . . .   None

- The investigation concluded that evidence was insufficient to determine whether or not the event occurred.

**c. Unfounded** . . . . .   None

- The investigation determined that the event did NOT occur.

**d. Investigation ongoing** . . . . .   None

- Evidence is still being gathered, processed or evaluated, and a final determination has not yet been made.

**e. TOTAL** (Sum of Items 7a through 7d) . . . . .   None

- The total should equal the number reported in Item 6.

**8. Does your State juvenile system record allegations of youth-on-youth ABUSIVE SEXUAL CONTACT?** (See definitions on page 3.)

01  Yes → **Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?**

01  Yes

02  No → Skip to Item 11.

02  No → Please provide an explanation in the space below and then skip to Item 11.

**9. Between January 1, 2016, and December 31, 2016, how many allegations of youth-on-youth ABUSIVE SEXUAL CONTACT were reported?**

**Number reported** .....   None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

**10. Of the allegations reported in Item 9, how many were —** (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

**a. Substantiated** .....   None

**b. Unsubstantiated** .....   None

**c. Unfounded** .....   None

**d. Investigation ongoing** .....   None

**e. TOTAL** (Sum of Items 10a through 10d) .....   None

- The total should equal the number reported in Item 9.

**11. Does your State juvenile system record allegations of youth-on-youth SEXUAL HARASSMENT?** (See definitions on page 2.)

01  Yes → **Do you record all reported allegations or only substantiated ones?**

01  All

02  Substantiated only

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

**12. Between January 1, 2016, and December 31, 2016, how many allegations of youth-on-youth SEXUAL HARASSMENT were reported?**

**Number reported** .....   None

- If an allegation involved multiple victims or youth perpetrators, count only once.
- Exclude any allegations that were reported as consensual.

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

**a. Substantiated** .....   None

**b. Unsubstantiated** .....   None

**c. Unfounded** .....   None

**d. Investigation ongoing** .....   None

**e. TOTAL** (Sum of Items 13a through 13d) .....   None

- The total should equal the number reported in Item 12.

**Section III – STAFF-ON-YOUTH 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-youth sexual abuse. These categories are:

**STAFF SEXUAL MISCONDUCT**

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

Sexual relationships of a romantic nature between staff and youths 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 statements, comments or gestures of a sexual nature to a youth 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.

**14. Does your State juvenile system record allegations of STAFF SEXUAL MISCONDUCT?**

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

01  All

02  Substantiated only

02  No → *Please provide an explanation in the space below and then skip to Item 17.*

**15. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL MISCONDUCT were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victimizations, count only once.

**16. Of the allegations reported in Item 15, how many were —** *(Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)*

**a. Substantiated** . . . . .   None

**b. Unsubstantiated** . . . . .   None

**c. Unfounded** . . . . .   None

**d. Investigation ongoing** .   None

**e. TOTAL** (Sum of Items 16a through 16d) . . . . .   None

- The total should equal the number reported in Item 15.

**17. Does your State juvenile system record allegations of STAFF SEXUAL HARASSMENT?**  
(See definitions on page 5.)

01  Yes → **Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT?**

01  Yes

02  No → Skip to Item 20.

02  No → Please provide an explanation in the space below and then skip to Item 20.

**18. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL HARASSMENT were reported?**

Number reported .....   None

- If an allegation involved multiple victims or staff, count only once.

**19. Of the allegations reported in Item 18, how many were —** (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

**a. Substantiated** .....   None

**b. Unsubstantiated** .....   None

**c. Unfounded** .....   None

**d. Investigation ongoing** .   None

**e. TOTAL** (Sum of Items 19a through 19d) .....   None

- The total should equal the number reported in Item 18.

**Section IV – PRIVATE AND LOCAL ALLEGATIONS**

**20. Did any of the allegations reported in Items 6, 9, 12, 15, or 18 occur in a privately operated facility?**

01  Yes

02  No

**21. Did any of the allegations reported in Items 6, 9, 12, 15, or 18 occur in a facility operated or administered by local governments?**

01  Yes

02  No

**Section V – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION**

**22. What is the total number of substantiated incidents reported in Items 7a, 10a, 13a, 16a, and 19a?**

Total substantiated incidents .....   None

→ Please complete a Substantiated Incident Form (Juvenile, SSV-IJ) for each substantiated incident of sexual victimization.

**NOTES**

FORM **SSV-6**  
(5-11-2017)**SURVEY OF SEXUAL VICTIMIZATION, 2016**  
**Locally or Privately-Operated Juvenile Facilities**  
**Summary Form**U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT  
U.S. DEPT. OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU**DATA SUPPLIED BY**

Name		Title			
<b>OFFICIAL ADDRESS</b>	Number and street or P.O. Box/Route Number		City	State	ZIP Code
	<b>TELEPHONE</b>	Area code	Number	<b>FAX NUMBER</b>	Area Code
<b>E-MAIL ADDRESS</b>					

*(Please correct any error in name, mailing address, and ZIP Code)***What facilities are included in this data collection?**

All juvenile residential placement facilities operated or administered by a local government and all privately owned or operated facilities that are used to house juveniles and youthful offenders, regardless of age or reason for placement.

- INCLUDE locally-operated juvenile residential facilities; privately owned or operated juvenile residential facilities; detention centers, training schools, long-term secure facilities; reception or diagnostic centers; group homes or halfway houses; boot camps; ranches; forestry camps, wilderness or marine programs, or farms; runaway or homeless shelters; and residential treatment centers for juveniles.

- **EXCLUDE State operated juvenile residential facilities. (These facilities will be contacted directly for data on sexual victimization.)**

**What persons and incidents are included in this data collection?**

Juveniles and youthful offenders, regardless of age or reason for placement, under your custody between January 1, 2016, and December 31, 2016.

- INCLUDE incidents involving juveniles or youthful offenders under the authority, custody, or care of your confinement or community-based facilities or staff.
- **EXCLUDE incidents involving juveniles or youthful offenders held in facilities operated by your State juvenile system.**

**Reporting instructions:**

- Please complete the entire SSV-6 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.
- Section I: when exact numeric answers are not available, provide estimates and mark (X) the box beside each figure.
- Sections II, III, and V: if the answer to a questions "none" or "zero," write "0" or mark the box (X) provided.

**Substantiated incidents of sexual violence:**

- Please complete an Incident Form (Juvenile, SSV-IJ) 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 **1-888-369-3613, option 2**, or e-mail **govs.ssv@census.gov**
- **Please return your completed summary and substantiated incident forms by August 15, 2017.**
- **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 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.

**DEFINITIONS**

**JUVENILES and YOUTHFUL OFFENDERS**

- Any person under the custody or care of a juvenile residential facility owned or operated by a local government or private agency.

**FACILITIES**

INCLUDE all juvenile residential placement facilities operated or administered by a local government and all privately owned or operated facilities that are used to house juveniles and youthful offenders charged with or court-adjudicated for:

- Any offense that is illegal for both adults and juveniles;

**OR**

- An offense that is ILLEGAL in your State for juveniles, but not for adults (running away, truancy, incorrigibility, curfew violations, and liquor violations).

EXCLUDE all State-operated facilities and locally or privately-operated facilities used ONLY to house juveniles for:

- Non-criminal behavior (neglect, abuse, abandonment, or dependency);

**OR**

- Being Persons in Need of Services (PINS) or Children in Need of Services (CHINS) who have assigned beds for reasons other than offenses.

**Section I - GENERAL INFORMATION**

**1. Is this facility owned by a —**

- 01  Private agency
- 02  Native American Tribal Government
- 03  State
- 04  County
- 05  Local or municipal government
- 06  Other – *Specify* ↴

\_\_\_\_\_

**2. Is this facility operated by a —**

- 01  Private agency
- 02  Native American Tribal Government
- 03  State
- 04  County
- 05  Local or municipal government
- 06  Other – *Specify* ↴

\_\_\_\_\_

**3. On December 31, 2016, how many persons held in this facility were —**

a. Males . . . . .

b. Females . . . . .

c. TOTAL (Sum of Items 3a and 3b) .

- Count persons held in the facility regardless of age or reason for placement. Include persons who were temporarily away but had assigned beds on December 31, 2016.

**4. On December 31, 2016, how many persons held in this facility were —**

a. Age 17 or younger . . . . .

b. Age 18 to 20 . . . . .

c. Age 21 or older . . . . .

d. TOTAL (Sum of Items 4a through 4c should equal Item 3c) . . . . .

- Count all persons held in the facility regardless of age or reason for placement. Include persons who were temporarily away but had assigned beds on December 31, 2016.

**5. Between January 1, 2016, and December 31, 2016, how many persons were admitted to or discharged from this facility?**

a. TOTAL number admitted . .

b. TOTAL number discharged .

- Include all persons admitted to this facility by a formal legal document, by the authority of the courts, or by some other official agency.
- Include all persons discharged from this facility after a period of confinement including sentence completion, pretrial releases, transfers to adult jurisdictions or to other States, and deaths.
- Exclude admissions and discharges resulting from returns from escape, administrative transfers to other juvenile facilities, or temporary release including work/school release, medical appointments, other treatment facilities, or court appearances.



**Section II – YOUTH-ON-YOUTH 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 youth-on-youth 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 youth directed toward another.

**6. Does your facility record allegations of youth-on-youth NONCONSENSUAL SEXUAL ACTS?**

01  Yes → **a. Do you record all reported occurrences, or only substantiated ones?**

- 01  All
- 02  Substantiated only

**b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones?**

- 01  Both attempted and completed
- 02  Completed only

02  No → *Please provide the definition used by your facility for youth-on-youth NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 7 and 8.*

**7. Between January 1, 2016 and December 31, 2016, how many allegations of youth-on-youth NONCONSENSUAL SEXUAL ACTS were reported?**

**Number reported** . . . . .   None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

**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. Substantiated** . . . . .   None

- The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).

**b. Unsubstantiated** . . . . .   None

- The investigation concluded that evidence was insufficient to determine whether or not the event occurred.

**c. Unfounded** . . . . .   None

- The investigation determined that the event did NOT occur.

**d. Investigation ongoing** . . . . .   None

- Evidence is still being gathered, processed or evaluated, and a final determination has not yet been made.

**e. TOTAL** (Sum of Items 8a through 8d) . . . . .   None

- The total should equal the number reported in Item 7.



**9. Does your facility record allegations of youth-on-youth ABUSIVE SEXUAL CONTACT?**  
(See definitions on page 3.)

01  Yes → **Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?**

01  Yes

02  No → Skip to Item 12.

02  No → Please provide an explanation in the space below and then skip to Item 12.

**10. Between January 1, 2016, and December 31, 2016, how many allegations of youth-on-youth ABUSIVE SEXUAL CONTACT were reported?**

**Number reported** .....   None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

**11. Of the allegations reported in Item 10, how many were —** (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

**a. Substantiated** .....   None

**b. Unsubstantiated** .....   None

**c. Unfounded** .....   None

**d. Investigation ongoing** . . .   None

**e. TOTAL** (Sum of Items 11a through 11d) .....   None

- The total should equal the number reported in Item 10.

**12. Does your facility record allegations of youth-on-youth SEXUAL HARASSMENT?**  
(See definitions on page 3.)

01  Yes → **Do you record all reported allegations or only substantiated ones?**

01  All

02  Substantiated only

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

**13. Between January 1, 2016, and December 31, 2016, how many allegations of youth-on-youth SEXUAL HARASSMENT were reported?**

**Number reported** .....   None

- If an allegation involved multiple victims or youth perpetrators, count only once.
- Exclude any allegations that were reported as consensual.

**14. Of the allegations reported in Item 13, how many were —** (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

**a. Substantiated** .....   None

**b. Unsubstantiated** . . . . .   None

**c. Unfounded** .....   None

**d. Investigation ongoing** .   None

**e. TOTAL** (Sum of Items 14a through 14d) .....   None

- The total should equal the number reported in Item 13.

**Section III – STAFF-ON-YOUTH 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-youth sexual abuse. These categories are:

**STAFF SEXUAL MISCONDUCT**

Any behavior or act of a sexual nature directed toward a youth 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 youths 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 statements, comments or gestures of a sexual nature to a youth 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.

**15. Does your facility record allegations of STAFF SEXUAL MISCONDUCT?**

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

01  All

02  Substantiated only

02  No → *Please provide an explanation in the space below and then skip to Item 18.*

**16. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL MISCONDUCT were reported?**

Number reported . . . . .   None

- If an allegation involved multiple victimizations, count only once.

**17. Of the allegations reported in Item 16, how many were —** *(Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)*

**a. Substantiated** . . . . .   None

**b. Unsubstantiated** . . . . .   None

**c. Unfounded** . . . . .   None

**d. Investigation ongoing**   None

**e. TOTAL** (Sum of Items 17a through 17d) . . . . .   None

- The total should equal the number reported in Item 16.

**18. Does your facility record allegations of STAFF SEXUAL HARASSMENT ?** (See definitions on page 5.)

01  Yes → **Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT?**

01  Yes

02  No → Skip to Item 21

02  No → Please provide an explanation in the space below and then skip to Item 21.

**19. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL HARASSMENT were reported?**

Number reported .....   None

- If an allegation involved multiple victims or staff, count only once.

**20. Of the allegations reported in Item 19, how many were —** (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

a. **Substantiated** .....   None

b. **Unsubstantiated** .....   None

c. **Unfounded** .....   None

d. **Investigation ongoing** .   None

e. **TOTAL** (Sum of Items 20a through 20d) .....   None

- The total should equal the number reported in Item 19.

**Section IV – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION**

**21. What is the total number of substantiated incidents reported in Items 8a, 11a, 14a, 17a, and 20a.**

**Total substantiated incidents** .....   None

→ **Please complete a Substantiated Incident Form (Juvenile, SSV-IJ) for each substantiated incident of sexual victimization.**

**NOTES**



# SURVEY OF SEXUAL VICTIMIZATION, 2016

## Substantiated Incident Form (Adult)

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
and ACTING AS COLLECTION AGENT  
U.S. DEPT. OF COMMERCE  
Economics and Statistics Admin.  
U.S. CENSUS BUREAU

**See item 25 on page 3**

Incident Number \_\_\_ out of \_\_\_

**1. On what date did the incident occur?**  
(If more than one date, report the most recent.)

Month Day Year  
[ ][ ] [ ][ ] [ ][ ][ ][ ]

**2. In what facility did the incident occur?**

Name  
\_\_\_\_\_  
City/Place  
\_\_\_\_\_

**3. Where did the incident occur?** (Mark (X) all that apply.)

- 01  In the victim's cell or room (e.g., if the victim and perpetrator share a cell or room, count as the victim's cell)
- 02  In the perpetrator's cell or room
- 03  In a dormitory or other multiple housing unit
- 04  In a common area (e.g., shower, dayroom, bathroom)
- 05  In a temporary holding cell or intake area within the facility
- 06  In a program service area (e.g., commissary, kitchen, storage, laundry, cafeteria, workshop, hallway)
- 07  In an instructional area (e.g., classroom, school, library, conference room)
- 08  In a recreation area (e.g., yard, courtyard, gymnasium)
- 09  In a medical area (e.g., infirmary, health clinic)
- 10  In a staff area (e.g., office, break room, counselor's office)
- 11  Offsite or while in transit
- 12  Other - Specify
- 13  Location unknown

**4. Did the incident take place in an area subject to video monitoring?**

- 01  Yes
- 02  No
- 03  Don't know

**5. What time did the incident occur?**  
(Mark (X) all that apply.)

- 01  Morning (6 a.m. to noon)
- 02  Afternoon (noon to 6 p.m.)
- 03  Evening (6 p.m. to midnight)
- 04  Overnight (midnight to 6 a.m.)
- 05  Time unknown

**6. How many victims were involved in the incident?**

Number of victims . . .

→ If more than two victims were involved, report their characteristics in Notes on page 5.

**7. Victim #1: What was the victim's sex or gender identity?** (See definitions on page 5.)

- 01  Male
- 02  Female
- 03  Transgender
- 04  Intersex

**8. Victim #1: What was the victim's age at the time of the incident?**

- 01  Under age 18
- 02  18 - 24
- 03  25 - 29
- 04  30 - 34
- 05  35 - 39
- 06  40 - 44
- 07  45 - 54
- 08  55 or older

**9. Victim #1: What was the victim's race/ethnic origin?**  
(Mark (X) all that apply.)

- 01  White (not of Hispanic origin)
- 02  Black (not of Hispanic origin)
- 03  Hispanic or Latino
- 04  American Indian/Alaska Native (not of Hispanic origin)
- 05  Asian (not of Hispanic origin)
- 06  Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07  Other racial category in your information system - Specify

**10. Victim #2: What was the victim's sex or gender identity?** (See definitions on page 5.)

- 01  Male
- 02  Female
- 03  Transgender
- 04  Intersex

**11. Victim #2: What was the victim's age at the time of the incident?**

- 01  Under age 18
- 02  18 - 24
- 03  25 - 29
- 04  30 - 34
- 05  35 - 39
- 06  40 - 44
- 07  45 - 54
- 08  55 or older

**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.

**12. Victim #2: What was the victim's race/ethnic origin?**  
(Mark (X) all that apply.)

- 01  White (not of Hispanic origin)
- 02  Black (not of Hispanic origin)
- 03  Hispanic or Latino
- 04  American Indian/Alaska Native (not of Hispanic origin)
- 05  Asian (not of Hispanic origin)
- 06  Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07  Other racial category in your information system – Specify ↴

**13. Did the victim(s) sustain any physical injury during the incident?**

- 02  No (No injury sustained)
- 01  Yes → a. **What injuries occurred?**  
(Mark (X) all that apply for all victims.)
  - 01  Knife or stab wounds
  - 02  Broken bones
  - 03  Anal or vaginal tearing
  - 04  Chipped or knocked out teeth
  - 05  Internal injuries
  - 06  Knocked unconscious
  - 07  Bruises, black eye, sprains, cuts, scratches, swelling, welts
  - 08  Other – Specify ↴

→ b. **Did the victim(s) receive medical treatment for these injuries?**

- 01  Yes
- 02  No

**14. Who reported the incident?**  
(Mark (X) all that apply.)

- 01  Victim
- 02  Another inmate (non-victim)
- 03  Victim's family or friend
- 04  Correctional officer or front line staff
- 05  Administrative staff
- 06  Medical, healthcare, or mental health staff
- 07  Instructor, teacher, or counselor
- 08  Other staff (e.g., kitchen worker, maintenance staff)
- 09  Chaplain or other religion official
- 10  Perpetrator
- 11  Perpetrator's family or friend
- 12  Grievance coordinator, grievance process, or ombudsperson
- 13  Attorney or legal guardian (e.g., other than family member)
- 14  Confidential informant, anonymous tip, hot line, or through monitoring (e.g., camera, telephone, or mail)
- 15  Other – Specify ↴

**15. After the incident was reported, was the victim(s) – (Mark (X) all that apply for all victims.)**

- 01  Given a medical examination
- 02  Administered a rape kit
- 03  Tested for HIV/AIDS
- 04  Tested for other sexually transmitted diseases
- 05  Provided with counseling or mental health treatment
- 06  Offered but declined testing or treatment
- 07  Already released/discharged
- 08  None of the above

**16. After the incident was reported, was the victim(s) – (Mark (X) all that apply for all victims.)**

- 01  Placed in or returned to administrative segregation, protective custody, or disciplinary segregation
- 02  Placed in a medical unit, ward, or hospital
- 03  Confined to own cell or room
- 04  Given a higher custody level or different unit within the facility
- 05  Transferred to another facility
- 06  Transferred to another housing unit or dorm, or given a single room or cell
- 07  Separated from perpetrator
- 08  Issued disciplinary report or loss of privileges
- 09  Placed in camera room, under closer surveillance, or increased supervision
- 10  Other – Specify ↴

- 11  None of the above

**17. What type of sexual violence was involved in the incident?** (See definitions on page 5.)

- 01  Inmate-on-inmate nonconsensual sexual act → Complete Section A, below
- 02  Inmate-on-inmate abusive sexual contact → Complete Section A, below
- 03  Inmate-on-inmate sexual harassment → Complete Section A, below
- 04  Staff sexual misconduct → Complete Section B on pages 4–5
- 05  Staff sexual harassment → Complete Section B on pages 4–5

**Section A – INMATE-ON-INMATE SEXUAL VICTIMIZATION**

→ If the perpetrator was a staff member, go to Section B on pages 4–5.

**18. How many inmate perpetrators were involved in the incident?**

Number of inmate perpetrators . . .

→ If more than two inmate perpetrators were involved, report their characteristics in Notes on page 5.

**19. Perpetrator #1: What was the inmate perpetrator's sex or gender identity?**

(See definitions on page 5.)

- 01  Male                      03  Transgender  
02  Female                    04  Intersex

**20. Perpetrator #1: What was the inmate perpetrator's age at the time of the incident?**

- 01  Under age 18    04  30-34    07  45-54  
02  18-24            05  35-39    08  55 or older  
03  25-29            06  40-44

**21. Perpetrator #1: What was the inmate perpetrator's race/ethnic origin?**

(Mark  all that apply.)

- 01  White (not of Hispanic origin)  
02  Black (not of Hispanic origin)  
03  Hispanic or Latino  
04  American Indian/Alaska Native (not of Hispanic origin)  
05  Asian (not of Hispanic origin)  
06  Native Hawaiian or Other Pacific Islander (not of Hispanic Origin)  
07  Other racial category in your information system – Specify

**22. Perpetrator #2: What was the inmate perpetrator's sex or gender identity?**

(See definitions on page 5.)

- 01  Male                      03  Transgender  
02  Female                    04  Intersex

**23. Perpetrator #2: What was the inmate perpetrator's age at the time of the incident?**

- 01  Under age 18    04  30-34    07  45-54  
02  18-24            05  35-39    08  55 or older  
03  25-29            06  40-44

**24. Perpetrator #2: What was the inmate perpetrator's race/ethnic origin?**

(Mark  all that apply.)

- 01  White (not of Hispanic origin)  
02  Black (not of Hispanic origin)  
03  Hispanic or Latino  
04  American Indian/Alaska Native (not of Hispanic origin)  
05  Asian (not of Hispanic origin)  
06  Native Hawaiian or Other Pacific Islander (not of Hispanic Origin)  
07  Other racial category in your information system – Specify

**25. What was the nature of the incident?**

(Mark  all that apply.)

- ~~01  Voluntary sexual contact between inmates~~  
02  Sexual harassment  
03  Indecent exposure, masturbation, or voyeurism  
04  Horseplay  
05  Repeated and unwelcome sexual advances or requests for sexual favors  
06  Unwanted touching for sexual gratification or abusive sexual contact  
07  Pressure or coercion (without force) resulting in a nonconsensual sexual act  
08  Physical force (or the threat of force) resulting in a nonconsensual sexual act  
09  Other – Specify

**26. What type of pressure or physical force was used by the inmate perpetrator on the victim?**

(Mark  all that apply for all perpetrators.)

- 01  Sexual harassment, sexual innuendo, or verbal comments  
02  Persuasion or talked into sexual activity  
03  Surprised the victim with unwanted touching, grabbing or groping, or victim was asleep  
04  Bribery or blackmail  
05  Gave victim drugs or alcohol  
06  Offered protection from other inmates  
07  Threatened with physical harm  
08  Physically held victim down or restrained in some way  
09  Physically harmed or injured  
10  Threatened with a weapon  
11  Other – Specify

- 12  None

**27. What sanction was imposed on the perpetrator(s)?**

(Mark  all that apply for all perpetrators.)

- 01  Placed in solitary confinement or disciplinary segregation  
02  Confined to own cell or room  
03  Placed in higher custody level, restricted unit or program, within the same facility  
04  Transferred to other unit/cell or separated from victim  
05  Transferred to another facility  
06  Loss of "good/gain" time, increase in "bad" time or delayed release  
07  Given extra work  
08  Loss of privileges, disciplinary report or conduct violation, or other reprimand  
09  Sent to counseling or treatment team  
10  Arrested or referred to law enforcement agency  
11  Referred for prosecution or indicted  
12  Convicted, given new sentence, or fined  
13  Other – Specify

**Section B – STAFF-ON-INMATE SEXUAL ABUSE**

→ If the perpetrator was an inmate, go to Section A on pages 2-3.

**28. What was the nature of the incident?**

(Mark (X) all that apply.)

- 01  Physical force resulting in a nonconsensual sexual act
- 02  Pressure or abuse of power resulting in a nonconsensual sexual act
- 03  Indecent exposure, invasion of privacy, or voyeurism for sexual gratification
- 04  Unwanted touching for sexual gratification
- 05  Sexual harassment or repeated verbal statements of a sexual nature by staff
- 06  Wrote letters, showed pictures, or offered gifts or special privileges to inmate
- 07  Sexual relationship between inmate and staff that appeared to be willing
- 08  Other – Specify

09  Level of coercion unknown

**29. How many staff were involved in the incident?**

Number of staff . . .

→ If more than two staff were involved, report their characteristics in Notes on page 5.

**30. Staff #1: What was the gender of the staff?**

- 01  Male
- 02  Female

**31. Staff #1: What was the age of the staff at the time of the incident?**

- 01  24 or younger
- 02  25 – 29
- 03  30 – 34
- 04  35 – 39
- 05  40 – 44
- 06  45 – 54
- 07  55 or older

**32. Staff #1: What was the race/ethnic origin of the staff involved in the incident?**

(Mark (X) all that apply.)

- 01  White (not of Hispanic origin)
- 02  Black (not of Hispanic origin)
- 03  Hispanic or Latino
- 04  American Indian/Alaska Native (not of Hispanic origin)
- 05  Asian (not of Hispanic origin)
- 06  Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07  Other racial category in your information system – Specify

**33. Staff #2: What was the gender of the staff?**

- 01  Male
- 02  Female

**34. Staff #2: What was the age of the staff at the time of the incident?**

- 01  24 or younger
- 02  25 – 29
- 03  30 – 34
- 04  35 – 39
- 05  40 – 44
- 06  45 – 54
- 07  55 or older

**35. Staff #2: What was the race/ethnic origin of the staff involved in the incident?**

(Mark (X) all that apply.)

- 01  White (not of Hispanic origin)
- 02  Black (not of Hispanic origin)
- 03  Hispanic or Latino
- 04  American Indian/Alaska Native (not of Hispanic origin)
- 05  Asian (not of Hispanic origin)
- 06  Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07  Other racial category in your information system – Specify

**36. Was the staff involved in the incident an employee of the facility, a contractor, or a volunteer?**

(Mark (X) all that apply for all staff involved.)

- 01  Full- or part-time paid employee
- 02  Contract employee or vendor
- 03  Volunteer or intern
- 04  Other – Specify

**37. What was the primary position description of the staff involved in the incident?**

(Mark (X) all that apply for all staff involved.)

- 01  Administrator, including wardens, superintendents, assistants and others in administrative positions
- 02  Correctional officer or supervisory staff
- 03  Clerical staff including secretaries, clerks, receptionists, and other administrative support
- 04  Maintenance and other facility support staff, including groundskeepers, janitors, cooks, and drivers
- 05  Medical or health care staff, including counselors, doctors, dentists, psychologists, psychiatrists, social workers, nurses, and medical assistants
- 06  Education staff, including instructors, teachers, librarians, and education assistants
- 07  Other program staff
- 08  Volunteers or Interns
- 09  Other staff – Specify



**38. What sanction was imposed on the staff?**

(Mark (X) all that apply for all staff involved.)

- 01  Sent to training or counseling
- 02  Reprimanded or disciplined
- 03  Demoted, diminished responsibilities, or suspended temporarily
- 04  Transferred to another facility or unit
- 05  Arrested or referred to law enforcement agency
- 06  Referred for prosecution or indicted
- 07  Convicted, plead guilty, sentenced, or fined
- 08  Discharged, terminated, or contract not renewed
- 09  Staff resigned (prior to completion of investigation)
- 10  Staff resigned (after investigation was completed)
- 11  Other – Specify ↴

- 12  No action taken

**39. At the time of the incident, how long had the staff worked at the facility?**

(Mark (X) all that apply for all staff involved.)

- 01  Less than 6 months
- 02  6 months to 1 year
- 03  1 to 5 years
- 04  5 to 10 years
- 05  More than 10 years

**NOTES**

**Definitions**

**Sexual victimization**

**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 (less severe):** 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 BY ANOTHER INMATE:** 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.

**STAFF SEXUAL MISCONDUCT:** 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).

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 (excludes 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.

**Gender categories**

**TRANSGENDER:** A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person’s assigned sex at birth.

**INTERSEX:** A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.





# SURVEY OF SEXUAL VICTIMIZATION, 2016

## Substantiated Incident Form (Juvenile)

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
and ACTING AS COLLECTION AGENT  
U.S. DEPT. OF COMMERCE  
Economics and Statistics Admin.  
U.S. CENSUS BUREAU

**See item 25 on page 3**

Incident Number \_\_\_ out of \_\_\_

**1. On what date did the incident occur?**

*(If more than one date, report the most recent.)*

Month Day Year  
[ ][ ] [ ][ ] [ ][ ][ ][ ]

**2. In what facility did the incident occur?**

Name  
\_\_\_\_\_  
City/Place  
\_\_\_\_\_

**3. Where did the incident occur?** *(Mark (X)) all that apply.)*

- 01  In the victim's cell or room (e.g., if the victim and perpetrator share a cell or room, count as the victim's cell)
- 02  In the perpetrator's cell or room
- 03  In a dormitory or other multiple housing unit
- 04  In a common area (e.g., shower, dayroom, bathroom)
- 05  In a temporary holding cell or admissions area within the facility
- 06  In a program service area (e.g., commissary, kitchen, storage, laundry, cafeteria, workshop, hallway)
- 07  In an instructional area (e.g., classroom, school, library, conference room)
- 08  In a recreation area (e.g., yard, courtyard, gymnasium)
- 09  In a medical area (e.g., infirmary, health clinic)
- 10  In a staff area (office, break room, counselor's office)
- 11  Offsite or while in transit
- 12  Other - Specify
- 13  Location unknown

**4. Did the incident take place in an area subject to video monitoring?**

- 01  Yes
- 02  No
- 03  Don't know

**5. What time did the incident occur?**

*(Mark (X)) all that apply.)*

- 01  Morning (6 a.m. to noon)
- 02  Afternoon (noon to 6 p.m.)
- 03  Evening (6 p.m. to midnight)
- 04  Overnight (midnight to 6 a.m.)
- 05  Unknown

**6. How many victims were involved in the incident?**

Number of victims . . .

→ **If more than two victims were involved, report their characteristics in Notes on page 5.**

**7. Victim #1: What was the victim's sex or gender identity?** *(See definitions on page 5.)*

- 01  Male
- 02  Female
- 03  Transgender
- 04  Intersex

**8. Victim #1: What was the victim's age at the time of the incident?**

- 01  Under age 13
- 02  13-15
- 03  16-17
- 04  18-19
- 05  20-24
- 06  25 or older

**9. Victim #1: What was the victim's race/ethnic origin?** *(Mark (X)) all that apply.)*

- 01  White *(not of Hispanic origin)*
- 02  Black *(not of Hispanic origin)*
- 03  Hispanic or Latino
- 04  American Indian/Alaska Native *(not of Hispanic origin)*
- 05  Asian *(not of Hispanic origin)*
- 06  Native Hawaiian or Other Pacific Islander *(not of Hispanic origin)*
- 07  Other racial category in your information system - Specify

**10. Victim #2: What was the victim's sex or gender identity?** *(See definitions on page 5.)*

- 01  Male
- 02  Female
- 03  Transgender
- 04  Intersex

**11. Victim #2: What was the victim's age at the time of the incident?**

- 01  Under age 13
- 02  13-15
- 03  16-17
- 04  18-19
- 05  20-24
- 06  25 or older

**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.

**12. Victim #2: What was the victim's race/ethnic origin?**  
(Mark (X) all that apply.)

- 01  White (not of Hispanic origin)
- 02  Black (not of Hispanic origin)
- 03  Hispanic or Latino
- 04  American Indian/Alaska Native (not of Hispanic origin)
- 05  Asian (not of Hispanic origin)
- 06  Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07  Other racial category in your information system – Specify

**13. Did the victim(s) sustain any physical injury during the incident?**

- 02  No (No injury sustained)
- 01  Yes → **a. What injuries occurred?**  
(Mark (X) all that apply for all victims.)
  - 01  Knife or stab wounds
  - 02  Broken bones
  - 03  Anal or vaginal tearing
  - 04  Chipped or knocked out teeth
  - 05  Internal injuries
  - 06  Knocked unconscious
  - 07  Bruises, black eye, sprains, cuts, scratches, swelling, welts
  - 08  Other – Specify

→ **b. Did the victim(s) receive medical treatment for these injuries?**

- 01  Yes
- 02  No

**14. Who reported the incident?**  
(Mark (X) all that apply.)

- 01  Victim
- 02  Another youth (non-victim)
- 03  Victim's family or friend
- 04  Correctional officer or front line staff
- 05  Administrative staff
- 06  Medical, healthcare, or mental health staff
- 07  Instructor, teacher, or counselor
- 08  Other staff (e.g., kitchen worker, maintenance staff)
- 09  Chaplain or other religious official
- 10  Perpetrator
- 11  Perpetrator's family or friend
- 12  Grievance coordinator, grievance process, or ombudsperson
- 13  Attorney or legal guardian (e.g., other than family member)
- 14  Confidential informant, anonymous tip, hot line, or through monitoring (e.g., camera, telephone, or mail)
- 15  Other – Specify

**15. After the incident was reported, was the victim(s) – (Mark (X) all that apply for all victims.)**

- 01  Given a medical examination
- 02  Administered a rape kit
- 03  Tested for HIV/AIDS
- 04  Tested for other sexually transmitted diseases
- 05  Provided with counseling or mental health treatment
- 06  Offered but declined testing or treatment
- 07  Already released/discharged
- 08  None of the above

**16. After the incident was reported, was the victim(s) – (Mark (X) all that apply for all victims.)**

- 01  Placed in or returned to administrative segregation, protective custody, or disciplinary segregation
- 02  Placed in a medical unit, ward, or hospital
- 03  Confined to own cell or room
- 04  Given a higher custody level/different unit within the facility
- 05  Transferred to another facility
- 06  Transferred to another housing unit or dorm, or given a single room or cell
- 07  Separated from perpetrator
- 08  Issued disciplinary report or loss of privileges
- 09  Placed in camera room, under closer surveillance, or increased supervision
- 10  Other – Specify

- 11  None of the above

**17. What type of sexual violence was involved in the incident?** (See definitions on page 5.)

- 01  Youth-on-youth nonconsensual sexual act → Complete Section A, below
- 02  Youth-on-youth abusive contact → Complete Section A, below
- 03  Youth-on-youth sexual harassment → Complete Section A, below
- 04  Staff sexual misconduct → Complete Section B on pages 4–5
- 05  Staff sexual harassment → Complete Section B on pages 4–5

**Section A – YOUTH-ON-YOUTH SEXUAL VICTIMIZATION**

→ **If the perpetrator was a staff member, go to Section B on pages 4–5.**

**18. How many youth perpetrators were involved in the incident?**

Number of youth perpetrators . . . .

→ **If more than two youth perpetrators were involved, report their characteristics in Notes on page 5.**

**19. Perpetrator #1: What was the youth perpetrator's sex or gender identity?** (See definitions on page 5.)

- 01  Male                      03  Transgender  
02  Female                    04  Intersex

**20. Perpetrator #1: What was the youth perpetrator's age at the time of the incident?**

- 01  Under age 13                      04  18–19  
02  13–15                              05  20–24  
03  16–17                              06  25 or older

**21. Perpetrator #1: What was the youth perpetrator's race/ethnic origin?** (Mark (X)) all that apply.)

- 01  White (not of Hispanic origin)  
02  Black (not of Hispanic origin)  
03  Hispanic or Latino  
04  American Indian/Alaska Native (not of Hispanic origin)  
05  Asian (not of Hispanic origin)  
06  Native Hawaiian or Other Pacific Islander (not of Hispanic Origin)  
07  Other racial category in your information system – Specify ↴

**22. Perpetrator #2: What was the youth perpetrator's sex or gender identity?** (See definitions on page 5.)

- 01  Male                      03  Transgender  
02  Female                    04  Intersex

**23. Perpetrator #2: What was the youth perpetrator's age at the time of the incident?**

- 01  Under age 13                      04  18–19  
02  13–15                              05  20–24  
03  16–17                              06  25 or older

**24. Perpetrator #2: What was the youth perpetrator's race/ethnic origin?** (Mark (X)) all that apply.)

- 01  White (not of Hispanic origin)  
02  Black (not of Hispanic origin)  
03  Hispanic or Latino  
04  American Indian/Alaska Native (not of Hispanic origin)  
05  Asian (not of Hispanic origin)  
06  Native Hawaiian or Other Pacific Islander (not of Hispanic Origin)  
07  Other racial category in your information system – Specify ↴

**25. What was the nature of the incident?** (Mark (X)) all that apply.)

- ~~01  Voluntary sexual contact between youths~~  
02  Sexual harassment  
03  Indecent exposure, masturbation, or voyeurism  
04  Horseplay  
05  Repeated and unwelcome sexual advances or requests for sexual favors  
06  Unwanted touching for sexual gratification or abusive sexual contact  
07  Pressure or coercion (without force) resulting in a nonconsensual sexual act  
08  Physical force (or the threat of force) resulting in a nonconsensual sexual act  
09  Other – Specify ↴

**26. What type of pressure or physical force was used by the youth perpetrator on the victim?** (Mark (X)) all that apply for all perpetrators.)

- 01  Sexual harassment, sexual innuendo, or verbal comments  
02  Persuasion or talked into sexual activity  
03  Surprised the victim with unwanted touching, grabbing or groping, or victim was asleep  
04  Bribery or blackmail  
05  Gave victim drugs or alcohol  
06  Offered protection from other youth  
07  Threatened with physical harm  
08  Physically held victim down or restrained in some way  
09  Physically harmed or injured  
10  Threatened with a weapon  
11  Other – Specify ↴

12  None

**27. What sanction was imposed on the perpetrator(s)?** (Mark (X)) all that apply for all perpetrators.)

- 01  Placed in solitary confinement or disciplinary segregation  
02  Confined to own cell or room  
03  Placed in higher custody level, restricted unit or program, within the same facility  
04  Transferred to other unit/cell or separated from victim  
05  Transferred to another facility  
06  Loss of "good/gain" time or increase in "bad" time/delayed release  
07  Given extra work  
08  Loss of privileges, disciplinary report or conduct violation, or other reprimand  
09  Sent to counseling or treatment team  
10  Arrested or referred to law enforcement agency  
11  Referred for prosecution or indicted  
12  Convicted, given new sentence, or fined  
13  Other – Specify ↴

**Section B – STAFF-ON-YOUTH SEXUAL ABUSE**

→ If the perpetrator was a youth, go to Section A on pages 2-3.

**28. What was the nature of the incident?**

(Mark (X) all that apply.)

- 01  Physical force resulting in a nonconsensual sexual act
- 02  Pressure or abuse of power resulting in a nonconsensual sexual act
- 03  Indecent exposure, invasion of privacy, or voyeurism for sexual gratification
- 04  Unwanted touching for sexual gratification
- 05  Sexual harassment or repeated verbal statements of a sexual nature by staff
- 06  Wrote letters, showed pictures, or offered gifts or special privileges to youth
- 07  Sexual relationship between youth and staff that appeared to be willing
- 08  Other – Specify
- 09  Level of coercion unknown

**29. How many staff were involved in the incident?**

Number of staff . . .

→ If more than two staff were involved, report their characteristics in Notes on page 5.

**30. Staff #1: What was the gender of the staff?**

- 01  Male
- 02  Female

**31. Staff #1: What was the age of the staff at the time of the incident?**

- 01  24 or younger
- 02  25 – 29
- 03  30 – 34
- 04  35 – 39
- 05  40 – 44
- 06  45 – 54
- 07  55 or older

**32. Staff #1: What was the race/ethnic origin of the staff involved in the incident?**

(Mark (X) all that apply.)

- 01  White (not of Hispanic origin)
- 02  Black (not of Hispanic origin)
- 03  Hispanic or Latino
- 04  American Indian/Alaska Native (not of Hispanic origin)
- 05  Asian (not of Hispanic origin)
- 06  Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07  Other racial category in your information system – Specify

**33. Staff #2: What was the gender of the staff?**

- 01  Male
- 02  Female

**34. Staff #2: What was the age of the staff at the time of the incident?**

- 01  24 or younger
- 02  25 – 29
- 03  30 – 34
- 04  35 – 39
- 05  40 – 44
- 06  45 – 54
- 07  55 or older

**35. Staff #2: What was the race/ethnic origin of the staff involved in the incident?**

(Mark (X) all that apply.)

- 01  White (not of Hispanic origin)
- 02  Black (not of Hispanic origin)
- 03  Hispanic or Latino
- 04  American Indian/Alaska Native (not of Hispanic origin)
- 05  Asian (not of Hispanic origin)
- 06  Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07  Other racial category in your information system – Specify

**36. Was the staff involved in the incident an employee of the facility, a contractor, or a volunteer?**

(Mark (X) all that apply for all staff involved.)

- 01  Full- or part-time paid employee
- 02  Contract employee or vendor
- 03  Volunteer or intern
- 04  Other – Specify

**37. What was the primary position description of the staff involved in the incident?**

(Mark (X) all that apply for all staff involved.)

- 01  Administrator, including wardens, superintendents, assistants and others in administrative positions
- 02  Correctional officer or supervisory staff
- 03  Clerical staff including secretaries, clerks, receptionists, and other administrative support
- 04  Maintenance and other facility support staff, including groundskeepers, janitors, cooks, and drivers
- 05  Medical or health care staff, including counselors, doctors, dentists, psychologists, psychiatrists, social workers, nurses, and medical assistants
- 06  Education staff, including instructors, teachers, librarians, and education assistants
- 07  Other program staff
- 08  Volunteers or Interns
- 09  Other staff – Specify

**38. What sanction was imposed on the staff?**

(Mark (X) all that apply for all staff involved.)

- 01  Sent to training or counseling
- 02  Reprimanded or disciplined
- 03  Demoted, diminished responsibilities, or suspended temporarily
- 04  Transferred to another facility or unit
- 05  Arrested or referred to law enforcement agency
- 06  Referred for prosecution or indicted
- 07  Convicted, plead guilty, sentenced, or fined
- 08  Discharged, terminated, or contract not renewed
- 09  Staff resigned (prior to completion of investigation)
- 10  Staff resigned (after investigation was completed)
- 11  Other – Specify

12  No action taken

**39. At the time of the incident, how long had the staff worked at the facility?**

(Mark (X) all that apply for all staff involved.)

- 01  Less than 6 months
- 02  6 months to 1 year
- 03  1 to 5 years
- 04  5 to 10 years
- 05  More than 10 years

**NOTES**

**Definitions**

**Sexual victimization**

**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 (less severe):** 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 BY ANOTHER YOUTH:** Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one youth directed toward another.

**STAFF SEXUAL MISCONDUCT:** Any behavior or act of a sexual nature directed toward a youth 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 youths 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 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 a youth by an employee, volunteer, contractor, official visitor, or other agency representative (excludes 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.

**Gender categories**

**TRANSGENDER:** A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

**INTERSEX:** A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.