FORM **SSV-1** (3-9-2021)



SURVEY OF SEXUAL VICTIMIZATION, 2020

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 U.S. CENSUS BUREAU

			USTICE	Summa	ry Form				
				DATA SUF	PLIED B	Y			
I	Name				Title				
(OFFICIAL	Z	Number and s	street or P.O. Box/Route Number		City	State	ZIP Code	
1	ADDRESS	٦				-			
	TEL EDUANE	Z	Area code	Number		FAX A	Area Code	Number	
	TELEPHONE (7				NUMBER \			
	E-MAIL	Z				,			,
	ADDRESS								

(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, 2020, and December 31, 2020.

- INCLUDE incidents involving inmates under the authority, custody, or care of your confinement or community-based facilities or staff.
- EXCLUDE 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 (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 1-800-253-2078, or e-mail govs.ssv@census.gov
- Please return your completed summary and substantiated incident forms by October 29, 2021.
- You may complete these forms online at: https://ssv.census.gov/
- MAIL TO: U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000
- FAX (TOLL FREE): 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). Attempted nonconsensual sexual acts are included if recorded by the facility. (insert new sentence, bold, and dark green background). 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.

		inmate-on-in		
	01 □ Yes → a.	Do you record occurrences, ones?	d all repo , or only s	rted ubstantiated
		02 Substantia	ated only	
	b.	Do you recor NONCONSEN or only comp	ISUAL SE	XUAL ACTS
		01 Both atter		
		02 Complete	d only	
	Fe inn SE	ease provide the deral Bureau of I nate-on-inmate N XUAL ACTS in the finition to comple	Prisons for IONCONSE ne space b	ENSUAL elow. Use that
2.	Between Janu how many allo NONCONSENS	egations of inr	nate-on-iı	mber 31, 2020, nmate ere reported?
	Number reporIf an allegation	ted n involved multip	Le victimiza	☐ None
	count only on	ce.		
	 Exclude any a consensual. 	allegations that w	ere reporte	d as
3.	Of the allegat many were — responsible for in victimization in o	(Please contact nvestigating alleg	the agency gations of s	or office exual
	a. Substantia	tod		None
	The event have occu	was investigated rred, based on a 28 C.F.R. §115.7	preponder	mined to
	b. Unsubstant	tiated		None
	 The invest insufficient occurred. 	igation conclude t to determine wh	d that evide nether or no	ence was of the event
	c. Unfounded			None
	 The invest occur. 	igation determine	ed that the	event did NOT
	d. Investigation	on ongoing .		☐ None
	 Evidence i or evaluate been mad 	s still being gatheed, and a final dee.	ered, proce etermination	ssed n has not yet
	e. TOTAL (Sun 3a through 3d			☐ None
	The total s	hould equal the r	number rep	orted in Item 2.

1. Does the Federal Bureau of Prisons record

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.	7. Does the Federal Bureau of Prisons record allegations of inmate-on-inmate SEXUAL HARASSMENT? (See definitions on page 2.) o1 Yes Do you record all reported allegations or only substantiated ones? o1 All o2 Substantiated only o2 No Please provide an explanation in the space below and then skip to Section II.
5. Between January 1, 2020, and December 31, 2020, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported? Number reported	8. Between January 1, 2020, and December 31, 2020, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported? Number reported
 If an allegation involved multiple victimizations, count only once. Exclude any allegations that were reported as consensual. 	 If an allegation involved multiple victims or inmate perpetrators, 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.)	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	a. Substantiated
b. Unsubstantiated None c. Unfounded	b. Unsubstantiated
d. Investigation ongoing None	d. Investigation ongoing None
 e. TOTAL (Sum of Items 6a through 6d)	e. TOTAL (Sum of Items 9a through 9d)

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 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.

0.	Does the Federal Bureau of record allegations of STAFI MISCONDUCT?		
	01 ☐ Yes → Do you record al occurrences, or ones?	l reported only subs	d stantiated
	01 ☐ All 02 ☐ Substantiated	only	
	02 ☐ No → Please provide an e. below and then skip	xplanation to Item 13	in the space
1.	Between January 1, 2020, a	and Dece	mber 31.
	2020, how many allegations MISCONDUCT were reporte	s of STAF	F SEXUAL
	Number reported		None
	 If an allegation involved multip count only once. 	le victimiza	tions,
2.	Of the allegations reported many were — (Please contact responsible for investigating alleg victimization in order to fully compared to the contact responsible for investigating allegations and the contact responsible for investigations are contact responsible for investigations and the contact responsible for investigations are contact responsible for investigations and the contact responsible for investigations are contact responsible for investigations and the contact responsible for investigations are contact responsible for investigations and the contact responsible for investigations are contact responsible for investigations and the contact responsible for investigations are contact responsible for investigations and the contact responsible for investigations are contact responsible for investigations and the contact responsible for investigations are contact responsible for investigations and the contact responsible for investigations are contact responsible for investigations and the contact responsible for investigations are contact responsible for investigations and the contact responsible for investigations are contact responsible for investigations are contact responsible for investigations are contact responsible for investigations and the contact responsible for investigations are contact responsible for investigations and the contact responsible for investigations are contact responsible for investigations and the contact responsible for investigations are contact responsible for investigations and the contact responsible for investigations are contact responsible for investigations and contact responsible for investigations are contact responsible for investigations and contact responsible for investigations are contact responsible for inves	the agency gations of s	or office exual
	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 litem 11.	number rep	orted in

13.	Does the Federal Bureau of Prisons record	INCIDENTS OF SEXUAL VICTIMIZATION
	allegations of STAFF SEXUAL HARASSMENT? (See definitions on page 4.)	16. What is the total number of substantiated incidents reported Items 3a, 6a, 9a, 12a, and 15a?
	O1 ☐ Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT? O1 ☐ Yes O2 ☐ No → Skip to Item 16. O2 ☐ No → Please provide an explanation in the space below and then skip to Item 16.	Total substantiated incidents
14.	Between January 1, 2020, and December 31, 2020, how many allegations of STAFF SEXUAL HARASSMENT were reported?	
	Number reported	
	 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	
	d. Investigation ongoing . — None	
	e. TOTAL (Sum of Items 15a through 15d)	
	The total should equal the number reported in Item 14.	

Section III – TOTAL SUBSTANTIATED

FORM SSV-1 (3-9-2021)

FORM **SSV-2** (3-9-2021)



SURVEY OF SEXUAL VICTIMIZATION, 2020

State Prison Systems Summary Form

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

	USTICE PRO	Summa	ry Form						
	DATA SUPPLIED BY								
Name			Title						
OFFICIAL ADDRESS	Number and	street or P.O. Box/Route Number		City	State	ZIP Code			
TELEPHONE	Area code	Number		FAX NUMBER	Area Code	Number			
E-MAIL ADDRESS				·					

(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, 2020, and December 31, 2020.

- INCLUDE incidents involving inmates under the authority, custody, or care of your confinement or community-based facilities or staff.
- EXCLUDE 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 (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 1-800-253-2078, or e-mail greta.b.clark@census.gov
- Please return your completed summary and substantiated incident forms by October 29, 2021.
- You may complete these forms online at: https://ssv.census.gov/
- MAIL TO: U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000
- FAX (TOLL FREE): 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). Attempted nonconsensual sexual acts are included if recorded by the facility. (insert new sentence, bold, and dark green background). 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.

۱.	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								
	O2 ☐ 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, 2020, and December 31, 2020, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?								
	Number reported								
	If an allegation involved multiple victimizations, count only once.								
	Exclude any allegations that were reported as								
2	consensual.								
J.	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								
	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								
	The total should equal the number reported in Item 2.								

0	Does your State prison systallegations of inmate-on-in SEXUAL CONTACT? (See de la	mate ABUSIVE offinitions on page 2.) unted separately from DNCONSENSUAL om 7. explanation in the space	ones? 01 ☐ All 02 ☐ Substar 02 ☐ No → Please provide	on-inmate SEXUAL efinitions on page 2.) ord all reported or only substantiated
h	etween January 1, 2020, a ow many allegations of in BUSIVE SEXUAL CONTAC	nate-on-inmate	8. Between January 1, 20 how many allegations SEXUAL HARASSMEN	020, and December 31, 2020, of inmate-on-inmate T were reported?
•	It an allegation involved multip count only once. Exclude any allegations that w consensual.		Number reported If an allegation involved inmate perpetrators, cou Exclude any allegations consensual.	multiple victims or unt only once.
re	of the allegations reported nany were — (Please contact esponsible for investigating alleg actimization in order to fully com	the agency or office gations of sexual	9. Of the allegations report many were — (Please or responsible for investigating victimization in order to full the second seco	ontact the agency or office gallegations of sexual
а	. Substantiated	None	a. Substantiated	None
b	. Unsubstantiated	□ None	b. Unsubstantiated .	None
С	. Unfounded		c. Unfounded	None
d	. Investigation ongoing	None	d. Investigation ongoi	ng □ None
е	TOTAL (Sum of Items 6a through 6d)	None	e. TOTAL (Sum of Iten 9a through 9d)	ns None
	The total should equal the litem 5.	number reported in	 The total should equalitiem 8. 	al the number reported in

SECTION II - STAFF-ON-INMATE SEXUAL ABUSE

DEFINITIONS

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

STAFF SEXUAL MISCONDUCT

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

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

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

OR

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

OR

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

STAFF SEXUAL HARASSMENT

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

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

OB

Repeated profane or obscene language or gestures.

10.	on Does your State prison system record allegations of STAFF SEXUAL MISCONDUCT? 1						
	o1 ☐ Yes →	occurrences, or	l reported only subs	d stantiated			
			only				
	02 □ No →	Please provide an exbelow and then skip	xplanation i to Item 13.	n the space			
11.	Between of December STAFF SE	January 1, 2020, a 31, 2020, how m XUAL MISCONDU	and any alleg CT were	ations of reported?			
		eported		□None			
	If an allegount on	gation involved multip y once.	le victimiza	tions,			
12.	many were responsible	egations reported e – (Please contact to for investigating alleg in order to fully com	he agency gations of s	or office exual			
	a. Substai	ntiated		☐ None			
	b. Unsubs	tantiated		. □ None			
	c. Unfoun	ded		☐ None			
	d. Investi	gation ongoing .		□ None			
	e. TOTAL 12a thr	(Sum of Items ough 12d)		None			
	• The to	otal should equal the I	number rep	orted in			

13.	Does your State prison syste	em record	Section III – PRIVATE AND LO	DCAL ALLEGATIONS
	allegations of STAFF SEXUA (See definitions on page 4.) 01 Yes → Can these allegates separately from a SEXUAL MISCON 01 Yes 02 No → Skip to be selow and then skip to be selow and then skip to selow.	tions be counted allegations of STAFF IDUCT?	16. Did any of the allegations 5, 8, 11, or 14 occur in a pr facility? 01 Yes 02 No 17. Did any of the allegations 5, 8, 11, or 14 occur in a fa administered by local gove 01 Yes 02 No Section IV - TOTAL SUINCIDENTS OF SEXUAL	reported in Items 2, cility operated and ernments?
			What is the total number of incidents reported in Items 15a? Total substantiated incidents	3a, 6a, 9a, 12a, and
14.	Between January 1, 2020, an December 31, 2020, how ma of STAFF SEXUAL HARASSM reported?	ny allegations	→ Please complete a Substan Form (Adult, SSV-IA) for eac incident of sexual victimiza	tiated Incident
	Number reported	□ None	NOTES	
	 If an allegation involved multiple count only once. 	victims or staff,		
15.	Of the allegations reported in many were — (Please contact the responsible for investigating allegation victimization in order to fully compared to the second seco	he agency or office ations of sexual		
	a. Substantiated	□ None		
	b. Unsubstantiated	□ None		
	c. Unfounded	□ None		
	d. Investigation ongoing	LINOTTE		
	The total should equal the nultern 14. The total should equal the nultern 14.	□ None Imber reported in		

FORM **SSV-3** (3-5-2021)



SURVEY OF SEXUAL VICTIMIZATION, 2020

Local Jail Jurisdictions Summary Form

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

	-011122							
	DATA SUPPLIED BY							
Name			Title					
OFFICIAL	Number and	street or P.O. Box/Route Number		City	State	ZIP Code		
ADDRESS								
TELEPHONE	Area code	Number		FAX	Area Code	Number		
IELEPHONE				NUMBER				
E-MAIL								
ADDRESS								

(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, 2020, and December 31, 2020.

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

Reporting instructions:

- Please complete the entire SSV-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 (∑) 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 October 29, 2021.
- You may complete these forms online at: https://ssv.census.gov/
- MAIL TO: U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000
- FAX (TOLL FREE): 1-888-262-3974

Burden Statement

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

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

a. CONFINED in your jail facilities on December 31, 2020?

- 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	
Inmates on December 31, 2020			

b. ADMITTED to your jail facilities during 2020?

- 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	
New admissions during 2020			_

- 2. Between January 1, 2020, and December 31, 2020, 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, 2020, through December 31, 2020, and divide the result by 365.

aac aa., coo	Male	Female	
Average daily population			

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). Attempted nonconsensual sexual acts are included if recorded by the facility. 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.

of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS? (See definitions on page 2.)	allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT? (See definitions on page 2.)
of ☐ Yes (1) a. Do you record all reported occurrences, or only substantiated ones?	01 ☐Yes (1) Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?
01 ☐ All	01□ Yes
02 Substantiated only	o2 ☐ No ⑩ Skip to Item 9.
b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones?	₀₂ No ① Please provide an explanation in the space below and then skip to Item 9.
01 ☐ Both attempted and completed	
02 Completed only	
02 ☐ No ① 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, 2020, and December 31, 2020, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?	7. Between January 1, 2020, and December 31, 2020, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported?
Number reported	
If an allegation involved multiple victimizations,	Number reported None
count only once.	 If an allegation involved multiple victimizations, count only once.
 Exclude any allegations that were reported as consensual. 	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.)	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	□ None
The event was investigated and determined to have occurred, based on a preponderance of the	a. Substantiated None
evidence (28 C.F.R. §115.72).	b. Unsubstantiated None
b. Unsubstantiated	
 The investigation concluded that evidence was insufficient to determine whether or not the event occurred. 	c. Unfounded None
occurrou.	d. Investigation ongoing 🗆 None
c. Unfounded None	
The investigation determined that the event did NOT occur.	e. TOTAL (Sum of Items 8a through 8d)
	 The total should equal the number reported in Item 7.
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	

9. Does your local jail jurisdiction record	Section III – STAFF-ON-INMATE SEXUAL ABUSE
allegations of inmate-on-inmate SEXUAL HARASSMENT? (See definitions on page 2.)	DEFINITIONS
01 Yes	The survey utilizes the definition of "sexual abuse" by a staff member, contractor or volunteer as provided by 28 C.F.R. §115.6 in the <i>National Standards to Prevent, Detect, and Respond to Prison Rape</i> (under the Prison Rape Elimination Act of 2003). For purposes of SSV, sexual abuse is disaggregated into two categories of staff-on-inmate sexual abuse. These categories are:
	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—
10. Between January 1, 2020, and December 31, 2020, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?	 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;
Number reported None	OR
If an allegation involved multiple victims or inmate perpetrators, count only once.	 Completed, attempted, threatened, or requested sexual acts;
 Exclude any allegations that were reported as consensual. 	OR
11. Of the allegations reported in Item 10, how many were—	 Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification.
	privacy, or staff voyeurism for reasons unrelated to
were—	privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification.
a. Substantiated None	privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification. STAFF SEXUAL HARASSMENT Repeated verbal comments or gestures of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family,
a. Substantiated	privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification. STAFF SEXUAL HARASSMENT Repeated verbal comments or gestures of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include— • Demeaning references to gender; or sexually suggestive
a. Substantiated None b. Unsubstantiated None c. Unfounded None d. Investigation ongoing None	privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification. STAFF SEXUAL HARASSMENT Repeated verbal comments or gestures of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include— • Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing;
a. Substantiated	privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification. STAFF SEXUAL HARASSMENT Repeated verbal comments or gestures of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include— • Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing; OR
a. Substantiated	privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification. STAFF SEXUAL HARASSMENT Repeated verbal comments or gestures of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include— • Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing; OR
a. Substantiated	privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification. STAFF SEXUAL HARASSMENT Repeated verbal comments or gestures of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include— • Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing; OR
a. Substantiated	privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification. STAFF SEXUAL HARASSMENT Repeated verbal comments or gestures of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include— • Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing; OR
a. Substantiated	privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification. STAFF SEXUAL HARASSMENT Repeated verbal comments or gestures of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include— • Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing; OR

allegations of STAFF SEXUAL MISCONDUCT? (See definitions on page 4.)	allegations of STAFF SEXUAL HARASSMENT? (See definitions on page 4.)
01 ☐ Yes (1) Do you record all reported occurrences, or only substantiated ones? 01 ☐ All 02 ☐ Substantiated only	o1 ☐ Yes ① Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT? o1 ☐ Yes o2 ☐ No ② Skip to Item 18.
02 ☐ No ① Please provide an explanation in the space below and then skip to Item 15.	02 ☐ No ① Please provide an explanation in the space below and then skip to Item 18.
13. Between January 1, 2020, and December 31, 2020, how many allegations of STAFF SEXUAL MISCONDUCT were reported?	16. Between January 1, 2020, and December 31, 2020, how many allegations of STAFF SEXUAL HARASSMENT were reported?
Number reported None	Number reported
 If an allegation involved multiple victimizations, or staff, count only once. 	 If an allegation involved multiple victims or staff, count only once.
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.)	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	a. Substantiated None
b. Unsubstantiated	b. Unsubstantiated
c. Unfounded	c. Unfounded
d. Investigation ongoing \square None	d. Investigation ongoing _ None
e. TOTAL (Sum of Items 14a through 14d) □ None • The total should equal the number reported in Item 13.	e. TOTAL (Sum of Items 17a through 17d)

Page 5

	Section IV – TOTAL SUBSINCIDENTS OF SEXUAL V	STANTIATED ICTIMIZATION	N	OTES
18.	What is the total number of incidents reported in Items 14a, and 17a?	substantiated 5a, 8a, 11a,		
	Total substantiated incidents			
0	Please complete a Substar Form (Adult, SSV-IA) for ea incident of sexual victimiza	itiated Incident ch substantiated ation.		

FORM **SSV-4** (3-5-2021)



SURVEY OF SEXUAL VICTIMIZATION, 2020 Other Correctional Facilities

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

er Correctional Facilities Summary Form

-4,55						
DATA SUPPLIED BY						
		Title				
OFFICIAL Number and street or P.O. Box/Route Number			City	State	ZIP Code	
			-			
Area code	Number		FAX	Area Code	Number	
			NUMBER			
			,	<u> </u>		
	Number and	Number and street or P.O. Box/Route Number	DATA SUPPLIED B Title Number and street or P.O. Box/Route Number	Number and street or P.O. Box/Route Number City Area code Number RAX	Number and street or P.O. Box/Route Number City State Area code Number Area Code	Number and street or P.O. Box/Route Number City State ZIP Code Area code Number Area Code Number

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

What facilities are included in this data collection?

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

What inmates and incidents are included in this data collection?

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

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

Reporting instructions:

- Please complete the entire SSV-4 Form.
- If the answer to a question is "not available" or "unknown," write "DK" (do not know) in the space provided.
- 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 the U.S. Census Bureau toll-free at 1-888-369-3613, option 2, or e-mail govs.ssv@census.gov
- Please return your completed summary and substantiated incident forms by October 29, 2021.
- You may complete these forms online at: https://ssv.census.gov/
- MAIL TO: U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000
- FAX (TOLL FREE) TO: 1-888-262-3974

Burden statement

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

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, 2020?

- 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 longterm 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	
	mates on ecember 31, 2020				
ΑI	DMITTED to your facilit	ty during	202	0?	
•	INCLUDE new admissions				

- 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.

	iviale	remale	
New admissions during 2020			. ⊏

- 2. Between January 1, 2020, and December 31, 2020, 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, 2020, through December 31, 2020, and divide the result by 365.

	iviale	remale	
Average daily population			. [

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). Attempted nonconsensual sexual acts are included if recorded by the facility. 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.

b.

	Does your facility record allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS? (See definitions on page 2.)	6. Does your facility record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT? (See definitions on page 2.)		
	O1 Yes (1) a. Do you record all reported occurrences, or only substantiated ones? O1 All O2 Substantiated only b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones? O1 Both attempted and completed	01 ☐ Yes ① Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS? 01 ☐ Yes 02 ☐ No ① Skip to Item 9. 02 ☐ No ② Please provide an explanation in the space below and then skip to Item 9.		
	02 ☐ No			
	Between January 1, 2020, and December 31, 2020, how many allegations of inmate- on-inmate NONCONSENSUAL SEXUAL ACTS were reported?	7. Between January 1, 2020, and December 31, 2020, how many allegations of inmate- on-inmate ABUSIVE SEXUAL CONTACT were reported?		
5	 Number 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		
	were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)	many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)		
	 Substantiated	a. Substantiated None		
	 b. Unsubstantiated	b. Unsubstantiated		
	c. Unfounded □ None • The investigation determined that the event did NOT occur.	c. Unfounded		
	d. Investigation ongoing	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)	e. TOTAL (Sum of Items 8a through 8d)		
	 The total should equal the number reported in Item 4. 			

9. Does your facility record allegations of inmate-o	Section III – STAFF-ON-INMATE SEXUAL ABUSE
inmate SEXUAL HARASSMENT? (See definitions on page 2.)	DEFINITIONS
01 ☐ Yes ① Do you record all reported allegations or only substantiated ones? 01 ☐ All 02 ☐ Substantiated only 02 ☐ No ① Please provide an explanation in the space below and then skip to Section III.	The survey utilizes the definition of "sexual abuse" by a staff member, contractor or volunteer as provided by 28 C.F.R. §115.6 in the <i>National Standards to Prevent, Detect, and Respond to Prison Rape</i> (under the Prison Rape Elimination Act of 2003). For purposes of SSV, sexual abuse is disaggregated into two categories of staff-on-inmate sexual abuse. These categories are: 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
10. Between January 1, 2020, and	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
December 31, 2020, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?	 Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reason unrelated to official duties or for sexual gratification.
Number reported	STAFF SEXUAL HARASSMENT Repeated verbal comments or gestures of a sexual nature to ar inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include—
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.)	 Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing; OR
a. Substantiated	Repeated profane or obscene language or gestures.
b. Unsubstantiated	
c. Unfounded	
d. Investigation ongoing \square None	
e. TOTAL (Sum of Items 11a through 11d)	0.

12. Does your facility record allegations of STAFF SEXUAL MISCONDUCT? (See definitions on page 4 of the page 4) 11 Yes ① Do you record all reported occurrences, or only substantiated ones? 12 All o2 Substantiated only 13 No ② Please provide an explanation in the space below and then skip to Item 15.	01 ☐ Yes ① Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT? 01 ☐ Yes 02 ☐ No ② Skip to Item 18.
13. Between January 1, 2020, and December 31, 2020, how many allegations of STAFF SEXUAL MISCONDUCT were reported?	16. Between January 1, 2020, and December 31, 2020, how many allegations of
STAFF SEXUAL MISCONDUCT were reported?	STAFF SEXUAL HARASSMENT were reported?
Number reported None	Number reported None
 If an allegation involved multiple victimizations, count only once. 	 If an allegation involved multiple victims or staff, 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.)	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	a. Substantiated None
b. Unsubstantiated	b. Unsubstantiated
c. Unfounded	c. Unfounded
d. Investigation ongoing \square None	d. Investigation ongoing None
e. TOTAL (Sum of Items 14a through 14d) □ None • The total should equal the number reported in Item	e. TOTAL (Sum of Items 17a through 17d) □ None 13. • 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	
Please complete a Substantiated Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.	

FORM **SSV-5** (3-8-2021)



SURVEY OF SEXUAL VICTIMIZATION, 2020

State Juvenile Systems Summary Form

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

		DATA SUF	PLIED B	Y			
Name			Title				
	,						
OFFICIAL	Number and	street or P.O. Box/Route Number		City	State	ZIP Code	
ADDRESS							
TELEPHONE	Area code	Number		FAX	Area Code	Number	
TELEPHONE				NUMBER			
E-MAIL							
ADDRESS							

(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, 2020, and December 31, 2020.

- 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 (X) 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 (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 the U.S. Census Bureau toll-free at 1-800-253-2078 or email greta.b.clark@census.gov
- Please return your completed summary and substantiated incident forms by October 29, 2021.
- You may complete these forms online at: https://ssv.census.gov/
- MAIL TO: U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000
- FAX (TOLL FREE): 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, 2020, 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.

held in the facilities reported in I	tem 1 we	re —
a. Males		
b. Females		
c. TOTAL (Sum of Items 2a and 2b)		
 Count persons held in the facilities regardless of age or reason for pla persons who were temporarily away beds on December 31, 2020. 	acement. In	clude
B. On December 31, 2020, how man held in the facilities reported in I	y persons tem 1 we	re —
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 facili regardless of age or reason for pla persons who were temporarily awa beds on December 31, 2020. 	acement. In	clude
l. Between January 1, 2020, and De how many persons were admitted from the facilities reported in Ite	ecember 3 d to or dis m 1?	31, 2020, scharged
a. TOTAL number admitted		
b. TOTAL number discharged		
 Include all persons admitted into y juvenile residential facilities by a for by the authority of the courts, or by agency. 	our State-o ormal legal y some othe	perated document, er official
 Include all persons discharged fro State-operated juvenile residential period of confinement including se pretrial releases, transfers to adult other States, and deaths. 	facilities af intence con	npletion,
 Exclude admissions and discharge returns from escape, administrativ juvenile facilities operated by your release including work/school rele appointments, other treatment facilities. 	e transfers State, or te ase, medica	to other emporary al

appearances.

2. On December 31, 2020, how many persons

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). Attempted nonconsensual sexual acts are included if recorded by the facility. 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.

э.	allegations of youth-on-youth NONCONSENSUAL SEXUAL ACTS?						
	01 ☐ Yes ⑩ a.	Do you recor occurrences, substantiated	or only	rted			
		01 ☐ All 02 ☐ Substantia	ted only				
	b.	Do you recor NONCONSEN or only comp	SUAL SE	XUAL ACTS			
		01 Both attem	•	ompleted			
	Sta NC spa	ase provide the tote juvenile system in the j	m for youth SEXUAL A	on-youth ACTS in the			
6.	how many allo	uary 1, 2020, a egations of yo SUAL SEXUAL	uth-on-yo	mber 31, 2020, uth ere reported?			
	Number repor	ted		None			
		n involved multip	le victimiza	tions, count			
	only once.Exclude any a consensual.	allegations that w	ere reporte	ed as			
7.	Of the allegat many were — responsible for in victimization in o	(Please contact	the agency gations of s	or office exual			
	a Substantia	ted		None			
	The event	was investigated based on a prepo	and detern	nined to have			
	h. Unsubstan	tiated		None			
	 The invest 	igation concluded to determine wh	that evide	nce was			
		igation determine		None event did NOT			
	d. Investigati	on ongoing		□ None			
	 Evidence i and a final 	s still being gathe determination ha	ered, proces as not yet b	ssed or evaluated, een made.			
	e. TOTAL (Sur 7a through 7d)	n of Items		None			
	 The total s Item 6. 	should equal the	number rep	orted in			

8.	Does your State juvenile system record allegations of youth-on-youth ABUSIVE SEXUAL CONTACT? (See definitions on page 3.) O1 Yes Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS? O1 Yes O2 No Skip to Item 11.	11. Does your State juvenile system record allegations of youth-on-youth SEXUAL HARASSMENT? (See definitions on page 2.) 11 Yes Do you record all reported allegation or only substantiated ones? 11 All 12 Substantiated only 12 No Please provide an explanation in the space below and then skip to Section III.
	Between January 1, 2020, and December 31, 2020, how many allegations of youth-on-youth ABUSIVE SEXUAL CONTACT were reported?	12. Between January 1, 2020, and December 31, 2020, how many allegations of youth-on-youth SEXUAL HARASSMENT were reported?
	Number reported	Number reported
	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.)	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	a. Substantiated
	b. Unsubstantiated	b. Unsubstantiated
	c. Unfounded	c. Unfounded
	d. Investigation ongoing None	d. Investigation ongoing
	e. TOTAL (Sum of Items 10a through 10d) □ None • The total should equal the number reported in Item 9.	e. TOTAL (Sum of Items 13a through 13d)

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 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.		tate juvenile sys of STAFF SEXUA		
		Do you record all occurrences, or ones?		antiated
		01 All 02 Substantiated	only	
	02 No ()	Please provide an ex pelow and then skip	oplanation in to Item 17.	the space
15.	December 3	nuary 1, 2020, ar 1, 2020, how ma XUAL MISCOND	nv allegat	ions
	Number rep	orted		None
	If an allegationly once.	ion involved multiple	victimizatio	ns, count
16.	many were - office responsi	ations reported in — (Please contact the ible for investigating ation in order to fully	he agency o allegations	r of
	a. Substar	ntiated		□ None
	b. Unsubs	tantiated		☐ None
	c. Unfound	ded		☐ None
	d. Investiç	ation ongoing .		None
	16a throu	(Sum of Items gh 16d)		☐ None
	The to Item 1	tal should equal the 5.	number rep	orted in

17. Does your State juvenile system record allegations of STAFF SEXUAL HARASSMENT? (See definitions on page 5.)	Section IV – PRIVATE AND LOCAL ALLEGATIONS
o1 Yes ① Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT? o1 Yes o2 No ② Skip to Item 20. o2 No ② Please provide an explanation in the space below and then skip to Item 20.	20. Did any of the allegations reported in Items 6, 9, 12, 15, or 18 occur in a privately operated facility? 11 Yes 22 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
18. Between January 1, 2020, and December 31, 2020, how many allegations of STAFF SEXUAL HARASSMENT were reported? Number reported	22. What is the total number of substantiated incidents reported in Items 7a, 10a, 13a, 16a, and 19a? Total substantiated incidents
19. Of the allegations reported in Item 18, how	NOTES
many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)	
a. Substantiated	
b. Unsubstantiated	
c. Unfounded	
d. Investigation ongoing \square None	
e. TOTAL (Sum of Items 19a through 19d)	

FORM **SSV-6** (3-8-2021)



SURVEY OF SEXUAL VICTIMIZATION, 2020 Locally or Privately-Operated Juvenile Facilities

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

Summary Form

		diam						
			DATA SUF	PLIED B	Y			
Name				Title				
OFFICIAL		Number and	street or P.O. Box/Route Number		City	State	ZIP Code	
ADDRESS								
TELEPHO	NIE 4	Area code	Number		FAX	Area Code	Number	
IELEPHO	ME				NUMBER			
E-MAIL					•			
ADDRESS								/

(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, 2020, and December 31, 2020.

- 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 the U.S. Census Bureau toll-free at 1-888-369-3613, option 2, or e-mail govs.ssv@census.gov
- Please return your completed summary and substantiated incident forms by October 29, 2021.
- You may complete these forms online at: https://ssv.census.gov/
- MAIL TO: U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000
- FAX (TOLL FREE): 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	
o₃ ☐ State	
04 ☐ County	
05 ☐ Local or municipal government	
06 ☐ Other Specify 🖟	
ŕ	
2. Is this facility operated by a	
2. Is this facility operated by a	
o1 ☐ Private agency	
o1 ☐ Private agency	
01 ☐ Private agency 02 ☐ Native American Tribal Government	
o1 ☐ Private agency o2 ☐ Native American Tribal Government o3 ☐ State	
 O1 Private agency O2 Native American Tribal Government O3 State O4 County 	
 O1 Private agency O2 Native American Tribal Government O3 State O4 County O5 Local or municipal government 	

h.	eld	in this facility were —	iy person	9
а	. М	ales	•	
b	. Fe	emales		
C	. т	DTAL (Sum of Items 3a and 3b) .		
	•	Count persons held in the facility reason for placement. Include per temporarily away but had assigned December 31, 2020.	sons who v	of age or vere
4. O h	n D eld	December 31, 2020, how man in this facility were —	y person	s
а	. A	ge 17 or younger		
b	. A	ge 18 to 20		
C	. A	ge 21 or older		
d	. T (OTAL (Sum of Items 4a through should equal Item 3c)		
	•	Count all persons held in the facil or reason for placement. Include personal temporarily away but had assigned December 31, 2020.	persons wh	ss of age o were
D	ece	veen January 1, 2020, and ember 31, 2020, how many p itted to or discharged from t	ersons w his facilit	ere y?
a	. т	OTAL number admitted		
b	. т	OTAL number discharged		
	•	Include all persons admitted to the legal document, by the authority of some other official agency.	is facility by of the courts	a formal s, or by
	•	Include all persons discharged from period of confinement including sometrial releases, transfers to adult other States, and deaths.	entence coi	npletion,
	•	Exclude admissions and discharg returns from escape, administrativ juvenile facilities, or temporary rel work/school release, medical app treatment facilities, or court appear	e transfers ease includ ointments,	to other ling

har 24 0000 have

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). Attempted nonconsensual sexual acts are included if recorded by the facility. 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;

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?					f KUAL
	01 Yes ()	0	o you reco ccurrence ubstantia	es, or o	nly	ed
			All All Substar	ntiated o	nly	
		N	o you reco IONCONSI r only con	ENSUA	L SEXU	JAL ACTS
			Both att		and con	npleted
	02 No (facilit SEXU	y for youth-	on-youth	NONCO	ONŠĒNSUAL w. Use that
7.	how many	alleg	ations of	youth-	on-you	er 31, 2020, th e reported?
	Number re	porte	ed			None
		gation	involved mu	ıltiple vic	timizatio	ons, count only
	e Exclude a	any all	egations tha	at were r	eported	as consensual.
8.	Of the alle	qatio	ns report	ed in It	em 7.	how many
	were — (Pl	ease (ting al	contact the llegations of	agency	or office	e responsible ation in order
	a. Substan	tista	d		Г	None
	The evoccurry	ent w	as investiga	ted and	determi	
	b. Unsubst	tantia	ated			None
	The inv	vestiga		ded that e	evidence	was insufficient
	c. Unfound					
	The inv	vestiga	ation determi	ned that	the ever	nt did NOT occur.
	d. Investig	ation	ongoing			None
	 Evider and a 	nce is a final d	still being ga etermination	thered, has not	processe yet bee	ed or evaluated, n made.
	e. TOTAL (8a throug	(Sum o h 8d)	of Items			None
	The to	tal sho	ould equal th	ne numb	er repor	ted in Item 7.

9.	Does your facility record allegations of youth-on-youth ABUSIVE SEXUAL CONTACT? (See definitions on page 3.)	12. Does your facility record allegations of youth-on-youth SEXUAL HARASSMENT? (See definitions on page 3.)
	01 ☐ Yes ① Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?	on ☐ Yes ① Do you record all reported allegations or only substantiated ones?
	o1 ☐ Yes o2 ☐ No ⑥ Skip to Item 12.	01 ☐ All 02 ☐ Substantiated only
	No Please provide an explanation in the space below and then skip to Item 12.	02 No 10 Please provide an explanation in the space below and then skip to Section III.
	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
10.	Between January 1, 2020, and December 31, 2020, how many allegations of youth-on-youth ABUSIVE SEXUAL CONTACT were reported?	13. Between January 1, 2020, and December 31, 2020, how many allegations of youth-on-youth SEXUAL HARASSMENT were reported?
	Number reported	Number reported
	 If an allegation involved multiple victimizations, count only once. 	 If an allegation involved multiple victims or youth perpetrators, count only once.
	• Exclude any allegations that were reported as consensual.	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.)	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.)
а	Substantiated	a. Substantiated
b	Unsubstantiated	b. Unsubstantiated
C	. Unfounded	c. Unfounded
d	I. Investigation ongoing	d. Investigation ongoing None
е	e. TOTAL (Sum of Items 11a through 11d)	e. TOTAL (Sum of Items 14a through 14d)
	The total should equal the number reported in Item 10.	 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;

OB

 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 (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 ①	Do you record a occurrences, o ones?					
		01 All 02 Substantiate	d only				
	02 No 1	Please provide an below and then ski	explanation in ip to Item 18.	the space			
16.	December	anuary 1, 2020, a 31, 2020, how m UAL MISCONDU	nany allegat	tions of eported?			
	Number rep	orted		None			
	If an allegation once.	tion involved multip	le victimizatio	ns, count only			
17.	many were responsible for	pations reported (Please contact to or investigating alle on order to fully com	the agency or gations of se	office kual			
	a. Substa	ntiated		. □ None			
	b. Unsub	stantiated		. □ None			
	c. Unfour	ided		. □ None			
	d. Investi	gation ongoing		□ None			
	e. TOTAL 17a thro	(Sum of Items ugh 17d)		□ None			
	• The to	otal should equal the	e number repo	rted in Item 16.			

18. Does your facility record allegations of STAFF SEXUAL HARASSMENT? (See definitions on page 5.)	INCIDENTS OF SEXUAL VICTIMIZATION
o1 ☐ Yes ① Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT?	21. What is the total number of substantiated incidents reported in Items 8a, 11a, 14a, 17a, and 20a.
02 ☐ No ① Skip to Item 21	Total substantiated incidents None
02 ☐ No ① Please provide an explanation in the space below and then skip to Item 21.	Please complete a Substantiated Incident Form (Juvenile, SSV-IJ) for each substantiated incident of sexual victimization.
	NOTES
19. Between January 1, 2020, and December 31, 2020, how many allegations of STAFF SEXUAL HARASSMENT were reported?	
Number reported	
 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	
c. Unfounded	
d. Investigation ongoing None	
e. TOTAL (Sum of Items 20a through 20d)	
The total should equal the number reported in Item 19.	

FORM SSV-IA (3-8-2021)

Month Day

Name

City/Place

facility

conference room)

11 Offsite or while in transit

12 ☐ Other - Specify →

13 Location unknown

to video monitoring?

(Mark (X)) all that apply.)

05 Time unknown

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.)

5. What time did the incident occur?

01 Yes

02 No

03 Don't know



Year

02 In the perpetrator's cell or room

SURVEY OF SEXUAL VICTIMIZATION. 2020

Substantiated Incident Form (Adult)

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

Incident Number out of On what date did the incident occur? 6. How many victims were involved in the incident? (If more than one date, report the most recent.) Number of victims → If more than two victims were involved. report their characteristics in Notes on page 5. 2. In what facility did the incident occur? 7. Victim #1: What was the victim's sex or gender identity? (See definitions on page 5.) 03 Transgender 01 Male 04 Intersex 02 Female **3. Where did the incident occur?** (Mark (X) all that apply.) 8. Victim #1: What was the victim's age at the time of the incident? 01 \square 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) 05 35-39 01 Under age 18 06 40-44 02 18-24 03 In a dormitory or other multiple housing unit 03 25-29 07 45-54 04 30-34 08 55 or older 04 In a common area (e.g., shower, dayroom, bathroom) 05 In a temporary holding cell or intake area within the 9. Victim #1: What was the victim's race/ethnic origin? of In a program service area (e.g., commissary, kitchen, (Mark (X)) all that apply.) storage, laundry, cafeteria, workshop, hallway) 01 White (not of Hispanic origin) 07 In an instructional area (e.g., classroom, school, library, ₀₂ Black (not of Hispanic origin) 03 Hispanic or Latino 08 In a recreation area (e.g., yard, courtyard, gymnasium) 04 American Indian/Alaska Native (not of Hispanic origin) 09 In a medical area (e.g., infirmary, health clinic) 05 Asian (not of Hispanic origin) 10 In a staff area (e.g., office, break room, counselor's office) 06 Native Hawaiian or Other Pacific Islander (not of Hispanic origin) 07 Other racial category in your information system – 4. Did the incident take place in an area subject 10. Victim #2: What was the victim's sex or gender identity? (See definitions on page 5.) 03 Transgender 01 Male 04 Intersex 02 Female 11. Victim #2: What was the victim's age at the time of the incident?

Burden Statement

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

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 (\overline{X}) all that apply.)	15. After the incident was reported, was the victim(s) – (Mark (☒) all that apply for all victims.)
	o₁ ☐ White (not of Hispanic origin)	01 \square Given a medical examination
	02 Black (not of Hispanic origin)	02 🗌 Administered a rape kit
	03 Hispanic or Latino	03 ☐ Tested for HIV/AIDS
	04 American Indian/Alaska Native (not of Hispanic origin)	$_{ m 04}$ \square Tested for other sexually transmitted diseases
	os Asian (not of Hispanic origin)	$_{05}$ \square Provided with counseling or mental health
	06 ☐ Native Hawaiian or Other Pacific Islander	treatment
	(not of Hispanic origin)	$_{06}$ \square Offered but declined testing or treatment
	07 Other racial category in your information system –	07 🗌 Already released/discharged
	Specify 🙀	08 None of the above
13.	Did the victim(s) sustain any physical injury during the incident? 102 No (No injury sustained) 101 Yes → a. What injuries occurred? 101 (Mark (X)) all that apply for all victims.) 101 Knife or stab wounds	16. After the incident was reported, was the victim(s) – (Mark (☒) all that apply for all victims.) □ Placed in or returned to administrative segregation, protective custody, or disciplinary segregation □ Placed in a medical unit, ward, or hospital □ Confined to own cell or room □ Given a higher custody level or different unit within the facility
	02 ☐ Broken bones	os Transferred to another facility
	03 ☐ Anal or vaginal tearing	06 ☐ Transferred to another housing unit or dorm, or
	04 ☐ Chipped or knocked out teeth	given a single room or cell
	05 Internal injuries	07 Separated from perpetrator
	06 Knocked unconscious	08 Issued disciplinary report or loss of privileges
		op Placed in camera room, under closer surveillance,
	o7 ☐ Bruises, black eye, sprains, cuts, scratches, swelling, welts	or increased supervision
	08 ☐ Other – Specify 🙀	10 ☐ Other – Specify 📈
	→ b. Did the victim(s) receive medical treatment for these injuries?	11 None of the above
	o1 ☐ Yes	
	02 🗌 No	17. What type of sexual violence was involved in the incident? (See definitions on page 5.)
14.	Who reported the incident? (Mark (\overline{X}) all that apply.)	on ☐ Inmate-on-inmate nonconsensual sexual act → Complete Section A, below
	on ☐ Victim	02 Inmate-on-inmate abusive sexual contact
	02 Another inmate (non-victim)	→ Complete Section A, below o3 □ Inmate-on-inmate sexual harassment
	os Uictim's family or friend	→ Complete Section A, below
	04 Correctional officer or front line staff	04 🗌 Staff sexual misconduct
	05 Administrative staff	_ → Complete Section B on pages 4–5
	06 Medical, healthcare, or mental health staff	05 Staff sexual harassment
	07 Instructor, teacher, or counselor	→ Complete Section B on pages 4–5
	08 Other staff (e.g., kitchen worker, maintenance staff)	
	09 Chaplain or other religion official	Section A – INMATE-ON-INMATE SEXUAL VICTIMIZATION
	10 Perpetrator	
	11 Perpetrator's family or friend	→ If the perpetrator was a staff member, go to Section B on pages 4–5.
	12 Grievance coordinator, grievance process, or ombudsperson	18. How many inmate perpetrators were involved
	13 Attorney or legal guardian (e.g., other than family member)	in the incident?
	14 Confidential informant, anonymous tip, hot line, or	Number of inmate perpetrators
	through monitoring (e.g., camera, telephone, or mail) 15 □ Other – Specify	→ If more than two inmate perpetrators were involved, report their characteristics in
		Notes on page 5.

Page 2 FORM SSV-IA (3-8-2021)

19.	Perpetrator #1: What was the inmate perpetrator's sex or gender identity?	25.	What was the nature of the incident? (Mark (X)) all that apply.)
	(See definitions on page 5.)		02 Sexual harassment
	01 Male 03 Transgender		03 _ Indecent exposure, masturbation, or voyeurism
	02 Female 04 Intersex		04 Horseplay
20.	Perpetrator #1: What was the inmate perpetrator's age at the time of the incident?		05 ☐ Repeated and unwelcome sexual advances or requests for sexual favors
	01 ☐ Under age 18		06 ☐ Unwanted touching for sexual gratification or abusive sexual contact
	02		or Pressure or coercion (without force) resulting in a nonconsensual sexual act
04	Downstanton #4. What was the immedia		OR ☐ Physical force (or the threat of force) resulting in a nonconsensual sexual act
∠ 1.	Perpetrator #1: What was the inmate perpetrator's race/ethnic origin? (Mark (X)) all that apply.)		09 ☐ Other – Specify _▼
	01 White (not of Hispanic origin)		
	02 ☐ Black (not of Hispanic origin) 03 ☐ Hispanic or Latino	06	What true of processes or physical force was
	of Earlie of Latino American Indian/Alaska Native (not of Hispanic origin)	∠0.	What type of pressure or physical force was used by the inmate perpetrator on the victim? (Mark (X)) all that apply for all perpetrators.)
	05 Asian (not of Hispanic origin)		01 Sexual harassment, sexual innuendo, or verbal
	oe Native Hawaiian or Other Pacific Islander (not of Hispanic Origin)		comments 02 Persuasion or talked into sexual activity
	07 ☐ Other racial category in your information system – Specify ✓		os Surprised the victim with unwanted touching, grabbing or groping, or victim was asleep
			04 Bribery or blackmail
			05 Gave victim drugs or alcohol
22.	Perpetrator #2: What was the inmate perpetrator's sex or gender identity?		06 Offered protection from other inmates
	(See definitions on page 5.)		07 ☐ Threatened with physical harm 08 ☐ Physically held victim down or restrained in
	01 ☐ Male 03 ☐ Transgender		some way
	02 Female 04 Intersex		09 Physically harmed or injured
			10 Threatened with a weapon
23.	Perpetrator #2: What was the inmate perpetrator's age at the time of the incident?		11 ☐ Other – Specify _▼
	01 ☐ Under age 18 04 ☐ 30–34 07 ☐ 45–54		
	02		12 None
	03 🗌 25–29 06 🗌 40–44	27	What sanction was imposed on the perpetrator(s)?
24.	Perpetrator #2: What was the inmate	27.	(Mark (X)) all that apply for all perpetrators.)
	perpetrator's race/ethnic origin? (Mark (X)) all that apply.)		01 Placed in solitary confinement or disciplinary segregation
	01 ☐ White (not of Hispanic origin)		02 Confined to own cell or room
	02 Black (not of Hispanic origin)		os Placed in higher custody level, restricted unit or program, within the same facility
	03 Hispanic or Latino		04 Transferred to other unit/cell or separated from victim
	o4 ☐ American Indian/Alaska Native (not of Hispanic origin)		05 Transferred to another facility
	05 Asian (not of Hispanic origin)		06 Loss of "good/gain" time, increase in "bad" time or delayed release
	o6 ☐ Native Hawaiian or Other Pacific Islander (not of Hispanic Origin)		07 ☐ Given extra work
	or ☐ Other racial category in your information system – Specify ✓		08 Loss of privileges, disciplinary report or conduct violation, or other reprimand
	-p		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			s. Staff #2: What was the gender of the staff?			
	→ If the perpetrator was an inmate, go to		01 ☐ Male 02 ☐ Female			
	Section A on pages 2-3.	34.	Staff #2: What was the age of the staff at the			
28.	What was the nature of the incident? (Mark (\boxtimes) all that apply.)		time of the incident? o1 24 or younger o5 40-44			
	01 Physical force resulting in a nonconsensual sexual act		02 25-29 06 45-54			
	02 Pressure or abuse of power resulting in a nonconsensual sexual act		03 □ 30–34 07 □ 55 or older 04 □ 35–39			
	03 ☐ Indecent exposure, invasion of privacy, or voyeurism for sexual gratification	35.	Staff #2: What was the race/ethnic origin of the staff involved in the incident?			
	04 Unwanted touching for sexual gratification		(Mark (X) all that apply.)			
	05 Sexual harassment or repeated verbal statements of a sexual nature by staff		01 ☐ White (not of Hispanic origin) 02 ☐ Black (not of Hispanic origin)			
	06 ☐ Wrote letters, showed pictures, or offered gifts or special privileges to inmate		03 Hispanic or Latino			
	O7 Sexual relationship between inmate and staff that appeared to be willing		04 American Indian/Alaska Native (not of Hispanic origin)			
	08 ☐ Other – Specify F		05 ☐ Asian (not of Hispanic origin) 06 ☐ Native Hawaiian or Other Pacific Islander			
			(not of Hispanic origin) or Other racial category in your information system –			
	09 Level of coercion unknown		Specify 📈			
29.	How many staff were involved in the incident?					
	Number of staff → If more than two staff were involved, report	36.	Was the staff involved in the incident an employed of the facility, a contractor, or a volunteer? (Mark (\boxtimes)) all that apply for all staff involved.)			
	their characteristics in Notes on page 5.		01 Full or part time paid employee			
20	Staff #1: What was the gender of the staff?		02 Contract employee or vendor			
30.			03 Volunteer or intern			
	01 ☐ Male 02 ☐ Female		04 ☐ Other – Specify ₹			
31.	Staff #1: What was the age of the staff at the time of the incident?					
	01 ☐ 24 or younger 05 ☐ 40–44	37.	What was the primary position description of			
	02 25–29 06 45–54		the staff involved in the incident? (Mark (X) all that apply for all staff involved.)			
	03 □ 30–34 07 □ 55 or older 04 □ 35–39		01 Administrator, including wardens, superintendents,			
	04 🗀 05-05		assistants and others in administrative positions OZ Correctional officer or supervisory staff			
32.	Staff #1: What was the race/ethnic origin of the					
	staff involved in the incident? (Mark (X)) all that apply.)		o3 Clerical staff including secretaries, clerks, receptionists, and other administrative support			
	01 ☐ White (not of Hispanic origin) 02 ☐ Black (not of Hispanic origin)		 Maintenance and other facility support staff, including groundskeepers, janitors, cooks, and drivers 			
	03 Hispanic or Latino		05 Medical or health care staff, including counselors,			
	04 American Indian/Alaska Native (not of Hispanic origin)		doctors, dentists, psychologists, psychiatrists, social workers, nurses, and medical assistants			
	05 ☐ Asian (not of Hispanic origin) 06 ☐ Native Hawaiian or Other Pacific Islander		of Education staff, including instructors, teachers, librarians, and education assistants			
	(not of Hispanic origin)		07 ☐ Other program staff			
	or ☐ Other racial category in your information system – Specify ∠		08 Volunteers or Interns			
	,		09 ☐ Other staff – Specify			
						

Page 4 FORM SSV-IA (3-8-2021)

38.	What sanction was imposed on the staff?	Definitions			
	(Mark (☒) all that apply for all staff involved.)	Sexual victimization			
	o1 Sent to training or counseling o2 Reprimanded or disciplined o3 Demoted, diminished responsibilities, or suspended temporarily	NONCONSENSUAL SEXUAL ACTS: Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse;			
	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	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;			
	 □ Discharged, terminated, or contract not renewed □ Staff resigned (prior to completion of investigation) □ Staff resigned (after investigation was completed) □ Other - Specify 	Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.			
	TIL Other – Specify	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			
39.	12 ☐ No action taken At the time of the incident, how long had the	Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.			
	staff worked at the facility? (Mark (X) all that apply for all staff involved.) o1 Less than 6 months	EXCLUDE incidents in which the contact was incidental to a physical altercation.			
	o1 Less than 6 months o2 G 6 months to 1 year o3 I to 5 years o4 S to 10 years o5 More than 10 years	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,			
	NOTES	volunteer, contractor, official visitor or other agency representative (exclude family, friends or other visitors).			
		Sexual relationships of a romantic nature between staff and inmates are included in this definition. Consensual or nonconsensual sexual acts include—			
		Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks that is unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire;			
		OR Completed, attempted, threatened, or requested sexual acts; OR			
		Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification.			
		STAFF SEXUAL HARASSMENT: Repeated verbal comments or gestures of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing;			
		OR Repeated profane or obscene language or gestures.			
		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.			

FORM **SSV-IJ** (3-8-2021)



SURVEY OF SEXUAL VICTIMIZATION, 2020

Substantiated Incident Form (Juvenile)

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

Incident Number ___ out of ___

	On what date did the incident occur? (If more than one date, report the most recent.) Month Day Year In what facility did the incident occur?	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.	
	Name City/Place	7.	Victim #1: What was the victim's sex or gender identity? (See definitions on page 5.) 01 Male	
	Where did the incident occur? (Mark (☒) 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)		Victim #1: What was the victim'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 Victim #1: What was the victim'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)	
4.	12 Other - Specify 7 13 Location unknown Did the incident take place in an area subject to video monitoring? 01 Yes 02 No	10	Other racial category in your information system – Specify Victim #2: What was the victim's sex or gender identity? (See definitions on page 5.) 1 Male	
5.	What time did the incident occur? (Mark (☒) 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	11.	. Victim #2: What was the victim's age at the time of the incident? □1 □ Under age 13 □2 □ 13–15 □3 □ 16–17 □6 □ 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.

	etim #2: What was the victim's race/ethnic origin? ark (\boxtimes) all that apply.)	15. After the incident was reported, was the victim(s) – (Mark (☒) all that apply for all victims.)
01	White (not of Hispanic origin)	01 Given a medical examination
02	Black (not of Hispanic origin)	02 🔲 Administered a rape kit
03[Hispanic or Latino	03 Tested for HIV/AIDS
04[American Indian/Alaska Native (not of Hispanic origin)	$_{04}$ \square Tested for other sexually transmitted diseases
05	Asian (not of Hispanic origin)	05 Provided with counseling or mental health
06		treatment
	(not of Hispanic origin)	06 ☐ Offered but declined testing or treatment
07	Other racial category in your information system – Specify ✓	07 ☐ Already released/discharged 08 ☐ None of the above
	opeony /	00 - Notice of the above
40 P.		16. After the incident was reported, was the victim(s) – (Mark (X) all that apply for all victims.)
13. Did dur	the victim(s) sustain any physical injury ing the incident?	01 ☐ Placed in or returned to administrative segregation, protective custody, or disciplinary segregation
	No (No injury sustained)	02 Placed in a medical unit, ward, or hospital
01	Yes \rightarrow a. What injuries occurred?	03 Confined to own cell or room
	(Mark (\mathbf{X}) all that apply for all victims.)	04 ☐ Given a higher custody level/different unit within
	01	the facility
	02 Broken bones	$_{05}$ \square Transferred to another facility
	03 Anal or vaginal tearing	06 Transferred to another housing unit or dorm, or
	04 ☐ Chipped or knocked out teeth 05 ☐ Internal injuries	given a single room or cell
	06 Knocked unconscious	07 Separated from perpetrator
	07 ☐ Bruises, black eye, sprains, cuts,	08 Issued disciplinary report or loss of privileges
	scratches, swelling, welts	09 Placed in camera room, under closer surveillance, or increased supervision
	08 ☐ Other – Specify ⊋	10 ☐ Other – Specify 📈
	→ b. Did the victim(s) receive medical	$11 \square$ None of the above
	treatment for these injuries?	The Home of the above
	01 ☐ Yes 02 ☐ No	17. What type of sexual violence was involved in the incident? (See definitions on page 5.)
44 Wb	Strokiani odi batranara	01 ☐ Youth-on-youth nonconsensual sexual act
14. Wh (Ma	o reported the incident? rk (区) all that apply.)	_ → Complete Section A, below
	Victim	02 Youth-on-youth abusive contact
02	Another youth (non-victim)	→ Complete Section A, below □ Youth–on–youth sexual harassment
	Victim's family or friend	→ Complete Section A, below
04	Correctional officer or front line staff	04 Staff sexual misconduct
05	Administrative staff	_ → Complete Section B on pages 4–5
06	Medical, healthcare, or mental health staff	05 Staff sexual harassment
07	Instructor, teacher, or counselor	→ Complete Section B on pages 4–5
	Other staff (e.g., kitchen worker, maintenance staff)	
	Chaplain or other religious official	
	Perpetrator	
	Perpetrator's family or friend	
12	Grievance coordinator, grievance process, or	Section A – YOUTH-ON-YOUTH SEXUAL VICTIMIZATION
13	ombudsperson ☐ Attorney or legal guardian (e.g., other than family	→ If the perpetrator was a staff member, go to Section B on pages 4–5.
14	member) Confidential informant, anonymous tip, hot line, or through	18. How many youth perpetrators were involved in
15	monitoring (e.g., camera, telephone, or mail) ☐ Other – Specify ✓	the incident? Number of youth perpetrators
	· / ¥	
		→ If more than two youth perpetrators were involved, report their characteristics in Notes on page 5.

Page 2 FORM SSV-IJ (3-8-2021)

19.	Perpetrator #1: What was the youth perpetrator's	25	What was the nature of the incident?
	sex or gender identity? (See definitions on page 5.)	25.	(Mark (X) all that apply.)
	01 ☐ Male 03 ☐ Transgender 02 ☐ Female 04 ☐ Intersex		02 Sexual harassment
			03 Indecent exposure, masturbation, or voyeurism
20.	Perpetrator #1: What was the youth perpetrator's		04 Horseplay
	age at the time of the incident?		05 Repeated and unwelcome sexual advances or
	01 Under age 13 04 18–19		requests for sexual favors oo Unwanted touching for sexual gratification or
	02 13–15 05 20–24		abusive sexual contact
	03 ☐ 16–17 06 ☐ 25 or older		o7 Pressure or coercion (without force) resulting
21.	Perpetrator #1: What was the youth perpetrator's		in a nonconsensual sexual act OB Physical force (or the threat of force) resulting
	race/ethnic origin? (Mark (\boxtimes) all that apply.)		in a nonconsensual sexual act
	01 White (not of Hispanic origin)		09 ☐ Other – Specify 📈
	02 Black (not of Hispanic origin)		
	03 Hispanic or Latino		
	04 American Indian/Alaska Native (not of Hispanic origin)		
	ongin) 05 ☐ Asian (not of Hispanic origin)	26.	What type of pressure or physical force was
	06 ☐ Native Hawaiian or Other Pacific Islander		used by the youth perpetrator on the victim?
	(not of Hispanic Origin)		(Mark (X)) all that apply for all perpetrators.)
	07 Other racial category in your information system –		01 Sexual harassment, sexual innuendo, or
	Specify 📈		verbal comments
			02 Persuasion or talked into sexual activity
			03 Surprised the victim with unwanted touching,
22.	Perpetrator #2: What was the youth perpetrator's		grabbing or groping, or victim was asleep
	sex or gender identity? (See definitions on page 5.)		04 Bribery or blackmail
	01 ☐ Male 03 ☐ Transgender		Gave victim drugs or alcohol
	02 Female 04 Intersex		06 Offered protection from other youth
			7 Threatened with physical harm
23.	Perpetrator #2: What was the youth perpetrator's age at the time of the incident?		os Physically held victim down or restrained in some way
			09 ☐ Physically harmed or injured
	01		10 Threatened with a weapon
	02 ☐ 13–15		11 ☐ Other – Specify ✓
	03 🗀 16—17 06 🗀 25 0r older		, , <u>, , , , , , , , , , , , , , , , , </u>
24.	Perpetrator #2: What was the youth perpetrator's		
	race/ethnic origin? (Mark (X)) all that apply.)		12 None
	01 White (not of Hispanic origin)		
	02 Black (not of Hispanic origin)	27.	What sanction was imposed on the perpetrator(s)? (Mark (\boxtimes) all that apply for all perpetrators.)
	03 Hispanic or Latino		on ☐ Placed in solitary confinement or disciplinary
	04 American Indian/Alaska Native (not of Hispanic origin)		segregation
	ongin) 05 ☐ Asian (not of Hispanic origin)		02 Confined to own cell or room
	06 ☐ Native Hawaiian or Other Pacific Islander		03 Placed in higher custody level, restricted unit or
	(not of Hispanic Origin)		program, within the same facility
	07 Other racial category in your information system –		o4 ☐ Transferred to other unit/cell or separated from victim
	Specify 🙀		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
			og 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	33.	. Staf	f #2: What was	the gender o	of the staff?
	If the perpetrator was a youth, go to Section A on pages 2-3.		01 🗌	Male	02 🗌 Fe	male
28.	What was the nature of the incident? (Mark (X) all that apply.)	34.	time	f #2: What was of the inciden	nt?	
	on Physical force resulting in a nonconsensual sexual act		02 🗌	24 or younger 25–29	05	-54
	o2 Pressure or abuse of power resulting in a nonconsensual sexual act			30–34 35–39	07 🗌 55	or older
	□ Indecent exposure, invasion of privacy, or voyeurism for sexual gratification	35.	staff	involved in th	e incident?	nic origin of the
	04 Unwanted touching for sexual gratification		(Mark	$(\overline{\mathbb{X}})$ all that appl	'y.)	
	of a sexual nature by staff			White (not of His	• ,	
	of a sexual flattile by stall of □ Wrote letters, showed pictures, or offered gifts or special privileges to youth		03 🗌	Black (not of His) Hispanic or Latin	0	
	or Sexual relationship between youth and staff that appeared to be willing			American Indian/ origin)	·	ot of Hispanic
	08 ☐ Other – Specify 📈			Asian (not of His Native Hawaiian		lolondor
				(not of Hispanic o	origin)	rmation system –
	Devel of coercion unknown			Specify Z	gory iii your iiiio	mation system
30.	Number of staff → If more than two staff were involved, report their characteristics in Notes on page 5. Staff #1: What was the gender of the staff?	36.	of th (Mark	Full or part time Contract employ Volunteer or inte	entractor, or a ly for all staff inv paid employee ee or vendor	eident an employee n volunteer? olved.)
	01 Male 02 Female		04	Other - Specify	~	
31.	Staff #1: What was the age of the staff at the time of the incident?					
	01 ☐ 24 or younger 05 ☐ 40—44	37	Wha	t was the prim	ary position	description of
	02 \(\sum 25-29 \) 06 \(\sum 45-54 \)	07.	the s	staff involved i	n the inciden	t?
	03 □ 30–34 07 □ 55 or older		(Mark	(X) all that app	ly for all staff inv	olved.)
	04 35–39			Administrator, inc	assistants and	
32.	Staff #1: What was the race/ethnic origin of the staff involved in the incident?			administrative po Correctional office		/ etaff
	(Mark (X)) all that apply.) □ White (not of Hispanic origin)		03 🗌	Clerical staff inclureceptionists, and	uding secretarie	s, clerks,
	o2 Black (not of Hispanic origin) o3 Hispanic or Latino		04	Maintenance and including grounds	other facility su	pport staff,
	04 American Indian/Alaska Native (not of Hispanic			drivers		P
	origin) 05 Asian (not of Hispanic origin)			Medical or health doctors, dentists, social workers, n	psychologists,	osychiatrists,
	Native Hawaiian or Other Pacific Islander (not of Hispanic origin)		06	Education staff, in librarians, and ed	ncluding instruct	ors, teachers,
	07 ☐ Other racial category in your information system – Specify ¬		07	Other program st	aff	
	Choon's M		08	Volunteers or Inte	erns	
			09 🗌	Other staff – Spe	cify 📈	

Page 4 FORM SSV-IJ (3-8-2021)

38.		t sanction was imposed on the staff? $\alpha(X)$ all that apply for all staff involved.)
		Sent to training or counseling
		Reprimanded or disciplined Demoted, diminished responsibilities, or
	03 🗀	suspended temporarily
		Transferred to another facility or unit
	05 🗀	Arrested or referred to law enforcement agency
	06 🗌	Referred for prosecution or indicted
		Convicted, plead guilty, sentenced, or fined
		Discharged, terminated, or contract not renewed
	09 🔲	Staff resigned (ofter investigation was completed)
	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.)	
		Less than 6 months
	02 G months to 1 year	
	03 L 1 to 5 years	
		5 to 10 years More than 10 years
	05 🔲	iviole than 10 years

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;

ΔND

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 (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.

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.