OMB No. 1121-0292: Approval Expires xx/xx/xxxx

FORM **SSV-1**
(04-10-2024)

SURVEY OF SEXUAL VICTIMIZATION, 2023

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

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 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, 2023, and December 31, 2023.

- 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," write "0" on the line.

Substantiated incidents of sexual victimization:

- 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 November 12, 2024.**
- **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

This survey utilizes the PREA standard definitions for types of sexual victimization. These categories are:

SEXUAL ABUSE

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

(4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact 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, detainee, or resident directed toward another.

1. Does the Federal Bureau of Prisons record allegations of inmate-on-inmate SEXUAL ABUSE?

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

01 ☐ All

02 ☐ Substantiated only

02 ☐ No ➔ *Please provide an explanation as to why your agency does not record inmate-on-inmate* ***SEXUAL ABUSE*** *allegations, in the space below, and skip to Item 4.*

2. Between January 1, 2023, and December 31, 2023, how many allegations of inmate-on-inmate SEXUAL ABUSE were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, count only once.
- Exclude any allegations that were reported as consensual.

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

a. Substantiated . . . . . _____

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

b. Unsubstantiated . . . . . _____

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

c. Unfounded . . . . . _____

- The investigation determined that the event did NOT occur.

d. Investigation ongoing . _____

- 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.

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

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

01 ☐ All

02 ☐ Substantiated only

02 ☐ No ➔ *Please provide an explanation as to why your agency does not record inmate-on-inmate* ***SEXUAL HARASSMENT*** *allegations, in the space below, and skip to Section II.*

5. Between January 1, 2023, and December 31, 2023, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated harassment with the same victim/s and perpetrator/s involved, count only once.
- Exclude any allegations that were reported as consensual.

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

a. Substantiated . . . . . _____

b. Unsubstantiated . . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . . _____

e. TOTAL (Sum of Items 6a through 6d) . . . . . _____

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

Section II – STAFF-ON-INMATE SEXUAL VICTIMIZATION

DEFINITIONS

STAFF SEXUAL ABUSE

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)–(5) of this section;

(7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and

(8) Voyeurism by a staff member, contractor, or volunteer.

STAFF SEXUAL HARASSMENT

Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

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7. Does the Federal Bureau of Prisons record allegations of STAFF SEXUAL ABUSE?

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

01 ☐ All

02 ☐ Substantiated only

02 ☐ No ➔ *Please provide an explanation as to why your agency does not record* ***STAFF SEXUAL ABUSE*** *allegations, in the space below, and skip to Item 10.*

8. Between January 1, 2023, and December 31, 2023, how many allegations of STAFF SEXUAL ABUSE were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, count only once.

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 . . . . . _____

b. Unsubstantiated . . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . _____

e. TOTAL (Sum of Items 9a through 9d) . . . . . _____

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

10. Does the Federal Bureau of Prisons record allegations of STAFF SEXUAL HARASSMENT? *(See definitions on page 4.)*

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

01 ☐ Yes

02 ☐ No → *Skip to Item 13.*

02 ☐ No → *Please provide an explanation as to why your agency does not record **STAFF SEXUAL HARASSMENT** allegations, in the space below, and skip to Item 13.*

11. Between January 1, 2023, and December 31, 2023, how many allegations of STAFF SEXUAL HARASSMENT were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated harassment with the same victim/s and perpetrator/s involved, count only once.

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

a. Substantiated . . . . . _____

b. Unsubstantiated . . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . _____

e. TOTAL (Sum of Items 12a through 12d) . . . . . _____

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

Section III – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION

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

Total substantiated incidents . . . . . _____

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

NOTES

OMB No. 1121-0292: Approval Expires xx/xx/xxxx

FORM **SSV-2**
(04-11-2024)

SURVEY OF SEXUAL VICTIMIZATION, 2023

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

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, 2023, and December 31, 2023.

- 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," write "0" in the space provided.

Substantiated incidents of sexual victimization:

- 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 November 12, 2024.**
- **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

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Section I – INMATE–ON–INMATE SEXUAL VICTIMIZATION

DEFINITIONS

This survey utilizes the PREA standard definitions for types of sexual victimization. These categories are:

SEXUAL ABUSE

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

(4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact 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, detainee, or resident directed toward another.

1. Does your State prison system record allegations of inmate-on-inmate SEXUAL ABUSE?

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

01 ☐ All

02 ☐ Substantiated only

02 ☐ No ➔ *Please provide an explanation as to why your agency does not record inmate-on-inmate **SEXUAL ABUSE** allegations, in the space below, and skip to Item 4.*

2. Between January 1, 2023, and December 31, 2023, how many allegations of inmate-on-inmate SEXUAL ABUSE were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, count only once.
- Exclude any allegations that were reported as consensual.

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

a. Substantiated . . . . . _____

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

b. Unsubstantiated . . . . . _____

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

c. Unfounded . . . . . _____

- The investigation determined that the event did NOT occur.

d. Investigation ongoing . _____

- 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.

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

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

01 ☐ All

02 ☐ Substantiated only

02 ☐ No ➔ *Please provide an explanation as to why your agency does not record inmate-on-inmate* ***SEXUAL HARASSMENT*** *allegations, in the space below, and skip to Section II.*

5. Between January 1, 2023, and December 31, 2023, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated harassment with the same victim/s and perpetrator/s involved, count only once.
- Exclude any allegations that were reported as consensual.

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

a. Substantiated . . . . . _____

b. Unsubstantiated . . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . . _____

e. TOTAL (Sum of Items 6a through 6d) . . . . . _____

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

Section II – STAFF-ON-INMATE SEXUAL VICTIMIZATION

DEFINITIONS

STAFF SEXUAL ABUSE

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)–(5) of this section;

(7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and

(8) Voyeurism by a staff member, contractor, or volunteer.

STAFF SEXUAL HARASSMENT

Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

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7. Does your State prison system record allegations of STAFF SEXUAL ABUSE?

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

01 ☐ All

02 ☐ Substantiated only

02 ☐ No → *Please provide an explanation as to why your agency does not record **STAFF SEXUAL ABUSE** allegations, in the space below, and skip to Item 10.*

8. Between January 1, 2023, and December 31, 2023, how many allegations of STAFF SEXUAL ABUSE were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, count only once.

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 . . . . . _____

b. Unsubstantiated . . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . _____

e. TOTAL (Sum of Items 9a through 9d) . . . . . _____

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

10. Does your State prison system record allegations of STAFF SEXUAL HARASSMENT? *(See definitions on page 4.)*

01 ☐ Yes ➔ **Can these allegations be counted separately from allegations of STAFF SEXUAL ABUSE?**

01 ☐ Yes

02 ☐ No ➔ *Skip to Item 13.*

02 ☐ No ➔ *Please provide an explanation as to why your agency does not record* ***STAFF SEXUAL HARASSMENT*** *allegations, in the space below, and skip to Item 13.*

11. Between January 1, 2023, and December 31, 2023, how many allegations of STAFF SEXUAL HARASSMENT were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated harassment with the same victim/s and perpetrator/s involved, count only once.

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

a. Substantiated . . . . . _____

b. Unsubstantiated . . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . _____

e. TOTAL (Sum of Items 12a through 12d) . . . . . _____

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

Section III – PRIVATE AND LOCAL ALLEGATIONS

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

01 ☐ Yes

02 ☐ No

14. Did any of the allegations reported in Items 2, 5, 8, or 11 occur in a facility operated and administered by local governments?

01 ☐ Yes

02 ☐ No

Section IV – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION

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

Total substantiated incidents . . . . . _____

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

NOTES

OMB No. 1121-0292: Approval Expires xx/xx/xxxx

FORM **SSV-3**
(04-11-2024)

SURVEY OF SEXUAL VICTIMIZATION, 2023
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

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 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, 2023, and December 31, 2023.

- 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" on the line.

Substantiated incidents of sexual victimization:

- 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, 2024.**
- **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.

Section I – GENERAL INFORMATION

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

a. CONFINED in your jail facilities on December 31, 2023?

- 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, 2023 . .	_____ ☐	_____ ☐

b. ADMITTED to your jail facilities during 2023?

- 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 2023	_____ ☐	_____ ☐

2. Between January 1, 2023, and December 31, 2023, 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, 2023, through December 31, 2023, and divide the result by 365.

	Male	Female
Average daily population	_____ ☐	_____ ☐

Section II – INMATE-ON-INMATE SEXUAL VICTIMIZATION

DEFINITIONS

This survey utilizes the PREA standard definitions for types of sexual victimization. These categories are:

SEXUAL ABUSE

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

(4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact 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, detainee, or resident directed toward another.

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

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

01 ☐ All

02 ☐ Substantiated only

02 ☐ No → *Please provide an explanation as to why your agency does not record inmate-on-inmate **SEXUAL ABUSE** allegations, in the space below, and skip to Item 6.*

4. Between January 1, 2023, and December 31, 2023, how many allegations of inmate-on-inmate SEXUAL ABUSE were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, count only once.
- Exclude any allegations that were reported as consensual.

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

a. Substantiated . . . . . _____

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

b. Unsubstantiated . . . . _____

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

c. Unfounded . . . . . _____

- The investigation determined that the event did NOT occur.

d. Investigation ongoing . _____

- 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) . . . . . _____

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

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

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

01 ☐ All

02 ☐ Substantiated only

02 ☐ No → *Please provide an explanation as to why your agency does not record inmate-on-inmate **SEXUAL HARASSMENT** allegations, in the space below, and skip to Section II.*

7. Between January 1, 2023, and December 31, 2023, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated harassment with the same victim/s and perpetrator/s involved, count only once.
- Exclude any allegations that were reported as consensual.

8. Of the allegations reported in Item 7, how many were —

a. Substantiated . . . . . _____

b. Unsubstantiated . . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . _____

e. TOTAL (Sum of Items 8a through 8d) . . . . . _____

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

Section III – STAFF-ON-INMATE SEXUAL VICTIMIZATION

DEFINITIONS

STAFF SEXUAL ABUSE

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)–(5) of this section;

(7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and

(8) Voyeurism by a staff member, contractor, or volunteer.

STAFF SEXUAL HARASSMENT

Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

---

9. Does your local jail jurisdiction record allegations of STAFF SEXUAL ABUSE?

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

01 ☐ All

02 ☐ Substantiated only

02 ☐ No → *Please provide an explanation as to why your agency does not record **STAFF SEXUAL ABUSE** allegations, in the space below, and skip to Item 12.*

10. Between January 1, 2023, and December 31, 2023, how many allegations of STAFF SEXUAL ABUSE were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, count only once.

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

a. Substantiated . . . . . _____

b. Unsubstantiated . . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . _____

e. TOTAL (Sum of Items 11a through 11d) . . . . . _____

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

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

01 ☐ Yes ➔ **Can these allegations be counted separately from allegations of STAFF SEXUAL ABUSE?**

01 ☐ Yes

02 ☐ No ➔ *Skip to Item 15.*

02 ☐ No ➔ *Please provide an explanation as to why your agency does not record* ***STAFF SEXUAL HARASSMENT*** *allegations, in the space below, and skip to Item 15.*

13. Between January 1, 2023, and December 31, 2023, how many allegations of STAFF SEXUAL HARASSMENT were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated harassment with the same victim/s and perpetrator/s involved, 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.)*

a. Substantiated . . . . . _____

b. Unsubstantiated . . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . _____

e. TOTAL (Sum of Items 14a through 14d) . . . . _____

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

Section IV – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION

15. What is the total number of substantiated incidents reported in Items 5a, 8a, 11a, and 14a?

Total substantiated incidents . . . . . _____

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

NOTES

OMB No. 1121-0292: Approval Expires xx/xx/xxxx

FORM **SSV-4**
(04-10-2024)

SURVEY OF SEXUAL VICTIMIZATION, 2023
Other Correctional Facilities
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 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?

- **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, 2023, and December 31, 2023.

- 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" on the line.

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, 2023.**
- **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

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

a. CONFINED on December 31, 2023?

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

	Male	Female
Inmates on December 31, 2023 . .	_____ ☐	_____ ☐

b. ADMITTED to your facility during 2023?

- 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 2023	_____ ☐	_____ ☐

2. Between January 1, 2023, and December 31, 2023, 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, 2023, through December 31, 2023, and divide the result by 365.

	Male	Female
Average daily population	_____ ☐	_____ ☐

Section II – INMATE-ON-INMATE SEXUAL VICTIMIZATION

DEFINITIONS

This survey utilizes the PREA standard definitions for types of sexual victimization. These categories are:

SEXUAL ABUSE

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

(4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact 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, detainee, or resident directed toward another.

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

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

01 ☐ All
02 ☐ Substantiated only

02 ☐ No → *Please provide an explanation as to why your agency does not record inmate-on-inmate **SEXUAL ABUSE** allegations, in the space below, and skip to item 6.*

4. Between January 1, 2023, and December 31, 2023, how many allegations of inmate-on-inmate SEXUAL ABUSE were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, count only once.
- Exclude any allegations that were reported as consensual.

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

a. Substantiated . . . . . _____

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

b. Unsubstantiated . . . . _____

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

c. Unfounded . . . . . _____

- The investigation determined that the event did NOT occur.

d. Investigation ongoing . _____

- 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) . . . . . _____

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

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

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

01 ☐ All
02 ☐ Substantiated only

02 ☐ No → *Please provide an explanation as to why your agency does not record inmate-on-inmate **SEXUAL HARASSMENT** allegations, in the space below, and skip to Section II.*

7. Between January 1, 2023, and December 31, 2023, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated harassment with the same victim/s and perpetrator/s involved, count only once.
- Exclude any allegations that were reported as consensual.

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

a. Substantiated . . . . . _____

b. Unsubstantiated . . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . _____

e. TOTAL (Sum of Items 8a through 8d) . . . . . _____

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

Section III – STAFF-ON-INMATE SEXUAL VICTIMIZATION

DEFINITIONS

STAFF SEXUAL ABUSE

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)–(5) of this section;

(7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and

(8) Voyeurism by a staff member, contractor, or volunteer.

STAFF SEXUAL HARASSMENT

Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

---

9. Does your facility record allegations of STAFF SEXUAL ABUSE?

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

01 ☐ All

02 ☐ Substantiated only

02 ☐ No → *Please provide an explanation as to why your agency does not record **STAFF SEXUAL ABUSE** allegations, in the space below, and skip to Item 10.*

10. Between January 1, 2023, and December 31, 2023, how many allegations of STAFF SEXUAL ABUSE were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, count only once.

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

a. Substantiated . . . . . _____

b. Unsubstantiated . . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . _____

e. TOTAL (Sum of Items 11a through 11d) . . . . _____

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

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

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

01 ☐ Yes

02 ☐ No → *Skip to Item 15.*

02 ☐ No → *Please provide an explanation as to why your agency does not record **STAFF SEXUAL HARASSMENT** allegations, in the space below, and skip to Item 15.*

13. Between January 1, 2023, and December 31, 2023, how many allegations of STAFF SEXUAL HARASSMENT were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated harassment with the same victim/s and perpetrator/s involved, 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.)*

a. Substantiated . . . . . _____

b. Unsubstantiated . . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . _____

e. TOTAL (Sum of Items 14a through 14d) . . . . . _____

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

Section IV – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION

15. What is the total number of substantiated incidents reported in Items 5a, 8a, 11a, and 14a?

Total substantiated incidents . . . . . _____

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

NOTES

OMB No. 1121-0292: Approval Expires xx/xx/xxxx

FORM **SSV-5**
(03-14-2024)

SURVEY OF SEXUAL VICTIMIZATION, 2023

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 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 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, 2023, and December 31, 2023.

- 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 inside the box beside each figure.
- Sections II, III, and V: if the answer to a question is "none" or "zero," write "0" on the line.

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 November 12, 2024.**
- **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, 2023, how many facilities operated by your State held juveniles or youthful offenders CHARGED WITH or COURT-ADJUDICATED FOR AN OFFENSE?

Number of facilities . . . . _____

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

2. On December 31, 2023, how many persons held in the facilities reported in Item 1 were —

a. Males . . . . . _____ ☐

b. Females . . . . . _____ ☐

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

- Count persons held in the facilities reported in Item 1 regardless of age or reason for placement. Include persons who were temporarily away but had assigned beds on December 31, 2023.

3. On December 31, 2023, how many persons held in the facilities reported in Item 1 were —

a. Age 17 or younger . . . . . _____ ☐

b. Age 18 to 20 . . . . . _____ ☐

c. Age 21 or older . . . . . _____ ☐

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

- Count all persons held in the facilities reported in Item 1 regardless of age or reason for placement. Include persons who were temporarily away but had assigned beds on December 31, 2023.

4. Between January 1, 2023, and December 31, 2023, how many persons were admitted to or discharged from the facilities reported in Item 1?

a. TOTAL number admitted . . . _____ ☐

b. TOTAL number discharged . _____ ☐

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

Section II – YOUTH–ON–YOUTH SEXUAL VICTIMIZATION

DEFINITIONS

This survey utilizes the PREA standard definitions for types of sexual victimization. These categories are:

SEXUAL ABUSE

Sexual abuse of a youth, detainee, or resident by another youth, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

(4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact 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, detainee, or resident directed toward another.

5. Does your State juvenile system record allegations of youth-on-youth SEXUAL ABUSE?

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

01 ☐ All
02 ☐ Substantiated only

02 ☐ No ➔ *Please provide an explanation as to why your agency does not record youth-on-youth **SEXUAL ABUSE** allegations, in the space below, and skip to item 8.*

6. Between January 1, 2023, and December 31, 2023, how many allegations of youth-on-youth SEXUAL ABUSE were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, count only once.
- Exclude any allegations that were reported as consensual.

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

a. Substantiated . . . . . _____

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

b. Unsubstantiated . . . . . _____

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

c. Unfounded . . . . . _____

- The investigation determined that the event did NOT occur.

d. Investigation ongoing . . _____

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

e. TOTAL (Sum of Items 7a through 7d) . . . . . _____

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

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

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

01 ☐ All

02 ☐ Substantiated only

02 ☐ No → *Please provide an explanation as to why your agency does not record youth-on-youth **SEXUAL HARASSMENT** allegations, in the space below, and skip to Section III.*

9. Between January 1, 2023, and December 31, 2023, how many allegations of youth-on-youth SEXUAL HARASSMENT were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated harassment with the same victim/s and perpetrator/s involved, count only once.
- Exclude any allegations that were reported as consensual.

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

a. Substantiated . . . . . _____

b. Unsubstantiated . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . _____

e. TOTAL (Sum of Items 10a through 10d) . . . . . _____

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

Section III – STAFF-ON-YOUTH SEXUAL VICTIMIZATION

DEFINITIONS

STAFF SEXUAL ABUSE

Sexual abuse of a youth, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the youth, detainee, or resident:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)–(5) of this section;

(7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a youth, detainee, or resident, and

(8) Voyeurism by a staff member, contractor, or volunteer.

STAFF SEXUAL HARASSMENT

Repeated verbal comments or gestures of a sexual nature to a youth, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

---

11. Does your State juvenile system record allegations of STAFF SEXUAL ABUSE?

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

01 ☐ All

02 ☐ Substantiated only

02 ☐ No → *Please provide an explanation as to why your agency does not record **STAFF SEXUAL ABUSE** allegations, in the space below, and skip to Item 14.*

12. Between January 1, 2023, and December 31, 2023, how many allegations of STAFF SEXUAL ABUSE were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, count only once.

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 . . . . . _____

b. Unsubstantiated . . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . _____

e. TOTAL (Sum of Items 13a through 13d) . . . . . _____

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

Section IV – PRIVATE AND LOCAL ALLEGATIONS

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

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

01 ☐ Yes

02 ☐ No → *Skip to Item 17.*

02 ☐ No → *Please provide an explanation as to why your agency does not record **STAFF SEXUAL HARASSMENT** allegations, in the space below, and skip to Item 17.*

15. Between January 1, 2023, and December 31, 2023, how many allegations of STAFF SEXUAL HARASSMENT were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated harassment with the same victim/s and perpetrator/s involved, count only once.

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

a. Substantiated . . . . . _____

b. Unsubstantiated . . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . _____

e. TOTAL (Sum of Items 16a through 16d) . . . . . _____

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

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

01 ☐ Yes

02 ☐ No

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

01 ☐ Yes

02 ☐ No

Section V – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION

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

Total substantiated incidents . . . . . _____

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

NOTES

OMB No. 1121-0292: Approval Expires xx/xx/xxxx

FORM **SSV-6**
(04-02-2024)

SURVEY OF SEXUAL VICTIMIZATION, 2023
Locally or Privately-Operated Juvenile Facilities Summary Form

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

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 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, 2023, and December 31, 2023.

- 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" on the line.

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 November 12, 2024.**
- **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
03 ☐ State
04 ☐ County
05 ☐ Local or municipal government
06 ☐ Other – *Specify*

2. Is this facility operated by a

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

3. On December 31, 2023, how many persons held in this facility were —

a. Males . . . . . ☐

b. Females . . . . . ☐

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

- Count persons held in the facility regardless of age or reason for placement. Include persons who were temporarily away but had assigned beds on December 31, 2023.

4. On December 31, 2023, how many persons held in this facility were —

a. Age 17 or younger . . . . . ☐

b. Age 18 to 20 . . . . . ☐

c. Age 21 or older . . . . . ☐

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

- Count all persons held in the facility regardless of age or reason for placement. Include persons who were temporarily away but had assigned beds on December 31, 2023.

5. Between January 1, 2023, and December 31, 2023, how many persons were admitted to or discharged from this facility?

a. TOTAL number admitted . . ☐

b. TOTAL number discharged . ☐

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

Section II – YOUTH-ON-YOUTH SEXUAL VICTIMIZATION

DEFINITIONS

This survey utilizes the PREA standard definitions for types of sexual victimization. These categories are:

SEXUAL ABUSE

Sexual abuse of a youth, detainee, or resident by another youth, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

(4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact 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, detainee, or resident directed toward another.

6. Does your facility record allegations of youth-on-youth SEXUAL ABUSE?

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

01 ☐ All

02 ☐ Substantiated only

02 ☐ No → *Please provide an explanation as to why your agency does not record youth-on-youth* ***SEXUAL ABUSE*** *allegations, in the space below, and skip to item 9.*

7. Between January 1, 2023 and December 31, 2023, how many allegations of youth-on-youth SEXUAL ABUSE were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, count only once.
- Exclude any allegations that were reported as consensual.

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

a. Substantiated . . . . . _____

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

b. Unsubstantiated . . . . _____

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

c. Unfounded . . . . . _____

- The investigation determined that the event did NOT occur.

d. Investigation ongoing . _____

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

e. TOTAL (Sum of Items 8a through 8d) . . . . . _____

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

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

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

01 ☐ All

02 ☐ Substantiated only

02 ☐ No → *Please provide an explanation as to why your agency does not record youth-on-youth* ***SEXUAL HARASSMENT*** *allegations, in the space below, and skip to Section III.*

10. Between January 1, 2023, and December 31, 2023, how many allegations of youth-on-youth SEXUAL HARASSMENT were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated harassment with the same victim/s and perpetrator/s involved, count only once.
- Exclude any allegations that were reported as consensual.

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

a. Substantiated . . . . . _____

b. Unsubstantiated . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . . _____

e. TOTAL (Sum of Items 11a through 11d) . . . . _____

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

Section III – STAFF-ON-YOUTH SEXUAL VICTIMIZATION

DEFINITIONS

STAFF SEXUAL ABUSE

Sexual abuse of a youth, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the youth, detainee, or resident:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)–(5) of this section;

(7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a youth, detainee, or resident, and

(8) Voyeurism by a staff member, contractor, or volunteer.

STAFF SEXUAL HARASSMENT

Repeated verbal comments or gestures of a sexual nature to a youth, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

---

12. Does your facility record allegations of STAFF SEXUAL ABUSE?

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

01 ☐ All

02 ☐ Substantiated only

02 ☐ No → *Please provide an explanation as to why your agency does not record **STAFF SEXUAL ABUSE** allegations, in the space below, and skip to Item 15.*

13. Between January 1, 2023, and December 31, 2023, how many allegations of STAFF SEXUAL ABUSE were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, 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.)*

a. Substantiated . . . . . _____

b. Unsubstantiated . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing . _____

e. TOTAL (Sum of Items 14a through 14d) . . . . . _____

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

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

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

01 ☐ Yes

02 ☐ No → *Skip to Item 18*

02 ☐ No → *Please provide an explanation as to why your agency does not record* ***STAFF SEXUAL HARASSMENT*** *allegations, in the space below, and skip to Item 18.*

16. Between January 1, 2023, and December 31, 2023, how many allegations of STAFF SEXUAL HARASSMENT were reported?

Number reported . . . . . _____

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated harassment with the same victim/s and perpetrator/s involved, count only once.

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

a. Substantiated . . . . . _____

b. Unsubstantiated . . . . _____

c. Unfounded . . . . . _____

d. Investigation ongoing _____

e. TOTAL (Sum of Items 17a through 17d) . . . . . _____

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

Section IV – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION

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

Total substantiated incidents . . . . . _____

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

NOTES

OMB No. 1121-0292: Approval Expires xx/xx/xxxx

FORM **SSV-IA**
(04-10-2024)

SURVEY OF SEXUAL VICTIMIZATION, 2023

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 ___

1. Did the incident include repeated behaviors?

01 ☐ Yes 02 ☐ No

If "Yes" ➔ a. On approximately, how many different dates did it occur? . . . ___

➔ b. On what date did the most recent incident occur?

Month ___ Day ___ Year ____

If "No" ➔ a. On what date did the incident occur?

Month ___ Day ___ Year ____

2. In what facility did the incident occur?

Name

City State

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

01 ☐ In the victim's cell or room (if the victim and perpetrator share a cell or room, count as the victim's cell)
02 ☐ In the perpetrator's cell or room
03 ☐ In a dormitory or other multiple housing unit
04 ☐ In a common area (e.g., shower, dayroom, bathroom)
05 ☐ In a temporary holding cell or intake area within the facility
06 ☐ In a program service area (e.g., commissary, kitchen, storage, laundry, cafeteria, workshop, hallway)
07 ☐ In an instructional area (e.g., classroom, school, library, conference room)
08 ☐ In a recreation area (e.g., yard, courtyard, gymnasium)
09 ☐ In a medical area (e.g., infirmary, health clinic)
10 ☐ In a staff area (e.g., office, break room, counselor's office)
11 ☐ Offsite or while in transit
12 ☐ Other – *Specify*
13 ☐ Location unknown
14 ☐ Location not applicable (e.g., involved written, phone, or virtual communication)

4. Did the incident take place in an area subject to video monitoring? *(Mark all that apply.)*

01 ☐ Yes 03 ☐ Unknown
02 ☐ No

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

01 ☐ Morning (6 a.m. to 11:59 a.m.)
02 ☐ Afternoon (noon to 5:59 p.m.)
03 ☐ Evening (6 p.m. to 11:59 p.m.)
04 ☐ Overnight (midnight to 5:59 a.m.)
05 ☐ Time unknown

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

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

7. What was the type of sexual victimization incident? *(See definitions on page 9.)*

01 ☐ Inmate-on-inmate sexual abuse
➔ Complete sections A and B
02 ☐ Inmate-on-inmate sexual harassment
➔ Complete sections A and B
03 ☐ Staff-on-inmate sexual abuse
➔ Complete sections A and C
04 ☐ Staff-on-inmate sexual harassment
➔ Complete sections A and C

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 A – VICTIMS OF SEXUAL VICTIMIZATION

8. How many victims were involved in the incident?

Number of victims . . . . ☐☐

→ If more than two victims were involved, please complete this form online.

9. Victim #1: What was the victim's sex assigned at birth?

Sex is a multidimensional construct based on a cluster of anatomical and physiological traits that include external genitalia, secondary sex characteristics, gonads, chromosomes, and hormones.

01 ☐ Male
02 ☐ Female
03 ☐ 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 differences in sex development.]

10. Victim #1: What was the victim's gender identity?

Gender identity is a person's core internal understanding or sense of who they are regardless of sex assigned at birth.

01 ☐ Male
02 ☐ Female
03 ☐ Transgender [A person whose gender identity is different from the person's sex assigned at birth.]
04 ☐ Gender nonconforming [A person whose gender identity does not conform to traditional societal gender expectations.]
05 ☐ Other – *Specify* _____
06 ☐ Unknown

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

☐☐ years

12. Victim #1: What was the victim's race or ethnicity? *(Mark all that apply.)*

01 ☐ White
02 ☐ Black or African American
03 ☐ Hispanic or Latino
04 ☐ American Indian or Alaska Native
05 ☐ Asian
06 ☐ Native Hawaiian or Pacific Islander
07 ☐ Middle Eastern or North African
08 ☐ Other racial category in your information system – *Specify* ↙

_____

13. Victim #1: What was the victim's citizenship?

01 ☐ A U.S. citizen
02 ☐ Not a U.S. citizen
03 ☐ Of unknown citizenship status

14. Victim #1: Was the victim identified as having any of the following disabilities at the time of the incident? *(Mark all that apply.)*

Disability is defined as (a) A physical or mental impairment that substantially limits one or more of the major life activities of [an] individual; (b) a record of such an impairment; or (c) being regarded as having such an impairment.

01 ☐ A serious and persistent mental illness (e.g., bipolar disorder, major depression, obsessive compulsive disorder, post-traumatic stress disorder, schizophrenia, etc.)
02 ☐ A cognitive impairment or intellectual disability (e.g., ADHD, autism spectrum disorder, dementia, a learning disability, etc.)
03 ☐ A physical impairment or disability (e.g., back or spinal injury, blindness or low vision, deafness or hearing loss, diabetes, epilepsy, heart disease, mobility impairments, etc.)

15. Victim #1: Did the victim sustain any physical injury during the incident?

01 ☐ Yes 02 ☐ No 03 ☐ Unknown

If "Yes" **→ a. What injuries occurred?** *(Mark all that apply.)*

01 ☐ Bruises, black eye, sprains, cuts, scratches, swelling, welts
02 ☐ Bites
03 ☐ Burns
04 ☐ Chipped or knocked out teeth
05 ☐ Anal or vaginal tearing
06 ☐ Knocked unconscious
07 ☐ Broken bones
08 ☐ Knife or stab wounds
09 ☐ Internal injuries
10 ☐ Other – *Specify* ↙

_____

→ b. Did the victim receive medical treatment for these injuries?

01 ☐ Yes 02 ☐ No 03 ☐ Unknown

16. Victim #1: After the incident was reported, was the victim – *(Mark all that apply.)*

01 ☐ Provided with counseling or mental health treatment
02 ☐ Given a medical examination
03 ☐ Administered a sexual assault kit
04 ☐ Given post-exposure prophylaxis (PEP) and/or emergency contraception
05 ☐ Tested for HIV/AIDS
06 ☐ Tested for other sexually transmitted infections
07 ☐ Offered but declined testing or treatment and/or counseling
08 ☐ Already released/discharged
09 ☐ None of the above

Section A – VICTIMS OF SEXUAL VICTIMIZATION

17. Victim #1: After the incident was reported, was the victim – *(Mark all that apply.)*

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

  _____
- 11 ☐ None of the above

→ If there were no other victims, please skip to Section B on pages 4-5 if the incident involved an inmate perpetrator or Section C on pages 6-7 if the incident involved a staff perpetrator.

18. Victim #2: What was the victim's sex assigned at birth?

- 01 ☐ Male
- 02 ☐ Female
- 03 ☐ Intersex

19. Victim #2: What was the victim's gender identity?

- 01 ☐ Male
- 02 ☐ Female
- 03 ☐ Transgender
- 04 ☐ Gender nonconforming
- 05 ☐ Other – *Specify* ↙

  _____
- 06 ☐ Unknown

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

___ years

21. Victim #2: What was the victim's race or ethnicity? *(Mark all that apply.)*

- 01 ☐ White
- 02 ☐ Black or African American
- 03 ☐ Hispanic or Latino
- 04 ☐ American Indian or Alaska Native
- 05 ☐ Asian
- 06 ☐ Native Hawaiian or Pacific Islander
- 07 ☐ Middle Eastern or North African
- 08 ☐ Other racial category in your information system – *Specify* ↙

  _____

22. Victim #2: What was the victim's citizenship?

- 01 ☐ A U.S. citizen
- 02 ☐ Not a U.S. citizen
- 03 ☐ Of unknown citizenship status

23. Victim #2: Was the victim identified as having any of the following disabilities at the time of the incident? *(Mark all that apply.)*

- 01 ☐ A serious and persistent mental illness (e.g., bipolar disorder, major depression, obsessive compulsive disorder, post-traumatic stress disorder, schizophrenia, etc.)
- 02 ☐ A cognitive impairment or intellectual disability (e.g., ADHD, autism spectrum disorder, dementia, a learning disability, etc.)
- 03 ☐ A physical impairment or disability (e.g., back or spinal injury, blindness or low vision, deafness or hearing loss, diabetes, epilepsy, heart disease, mobility impairments, etc.)

24. Victim #2: Did the victim sustain any physical injury during the incident?

01 ☐ Yes 02 ☐ No 03 ☐ Unknown

If "Yes" **→ a. What injuries occurred?** *(Mark all that apply.)*

- 01 ☐ Bruises, black eye, sprains, cuts, scratches, swelling, welts
- 02 ☐ Bites
- 03 ☐ Burns
- 04 ☐ Chipped or knocked out teeth
- 05 ☐ Anal or vaginal tearing
- 06 ☐ Knocked unconscious
- 07 ☐ Broken bones
- 08 ☐ Knife or stab wounds
- 09 ☐ Internal injuries
- 10 ☐ Other – *Specify* ↙

  _____

→ b. Did the victim receive medical treatment for these injuries?

01 ☐ Yes 02 ☐ No 03 ☐ Unknown

25. Victim #2: After the incident was reported, was the victim – *(Mark all that apply.)*

- 01 ☐ Provided with counseling or mental health treatment
- 02 ☐ Given a medical examination
- 03 ☐ Administered a sexual assault kit
- 04 ☐ Given post-exposure prophylaxis (PEP) and/or emergency contraception
- 05 ☐ Tested for HIV/AIDS
- 06 ☐ Tested for other sexually transmitted infections
- 07 ☐ Offered but declined testing or treatment and/or counseling
- 08 ☐ Already released/discharged
- 09 ☐ None of the above

26. Victim #2: After the incident was reported, was the victim – *(Mark all that apply.)*

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

_____

11 ☐ None of the above

Section B – INMATE PERPETRATORS OF SEXUAL VICTIMIZATION

→ If the perpetrator was a staff member, go to Section C on pages 6-7.

27. What was the nature of the incident?
(Mark all that apply.)

01 ☐ Repeated verbal comments or gestures of a derogatory or offensive sexual nature
02 ☐ Repeated and unwelcome sexual advances or requests for sexual favors
03 ☐ Indecent exposure, masturbation, voyeurism, or other actions of a derogatory sexual nature
04 ☐ Intentional and non-consensual or coerced touching of the genitalia, anus, groin, breast, inner thigh, or the buttocks
05 ☐ Nonconsensual sexual act that resulted from pressure or coercion (without force)
06 ☐ Nonconsensual sexual act that resulted from physical force (or the threat of force)
07 ☐ Other – *Specify* ↙

_____

28. What types of pressure, coercion, or force occurred as part of the incident?
(Mark all that apply.)

01 ☐ Persuasion or talked into sexual activity
02 ☐ Bribery or blackmail
03 ☐ Gave the victim drugs or alcohol
04 ☐ Offered protection from other inmates
05 ☐ Threats made (e.g., threatened harm to victim or victim's family, threatened with a weapon)
06 ☐ Unwanted touching, grabbing, or groping of the victim by surprise or while the victim was asleep or incapacitated
07 ☐ Physically held victim down or restrained in some way, including having other inmates restrain the victim
08 ☐ Physical harm or injury
09 ☐ Other – *Specify* ↙

_____

10 ☐ None of the above

29. How many inmate perpetrators were involved in the incident?

Number of inmate perpetrators . . . . ☐☐

→ If more than two inmate perpetrators were involved, please complete this form online.

30. Perpetrator #1: What was the inmate perpetrator's sex assigned at birth?

Sex is a multidimensional construct based on a cluster of anatomical and physiological traits that include external genitalia, secondary sex characteristics, gonads, chromosomes, and hormones.

01 ☐ Male
02 ☐ Female
03 ☐ 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 differences in sex development.]

31. Perpetrator #1: What was the inmate perpetrator's gender identity?

Gender identity is a person's core internal understanding or sense of who they are regardless of sex assigned at birth.

01 ☐ Male
02 ☐ Female
03 ☐ Transgender [A person whose gender identity is different from the person's sex assigned at birth.]
04 ☐ Gender nonconforming [A person whose gender identity does not conform to traditional societal gender expectations.]
05 ☐ Other – *Specify* _____
06 ☐ Unknown

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

___ years

33. Perpetrator #1: What was the inmate perpetrator's race or ethnicity?
(Mark all that apply.)

01 ☐ White
02 ☐ Black or African American
03 ☐ Hispanic or Latino
04 ☐ American Indian or Alaska Native
05 ☐ Asian
06 ☐ Native Hawaiian or Pacific Islander
07 ☐ Middle Eastern or North African
08 ☐ Other racial category in your information system – *Specify* ↙

34. Perpetrator #1: After the incident, was the inmate perpetrator – *(Mark all that apply.)*

01 ☐ Confined to own cell or room
02 ☐ Placed in or returned to restrictive housing
03 ☐ Placed in higher custody level, restricted unit or program, within the same facility
04 ☐ Transferred to other unit/cell or separated from victim
05 ☐ Transferred to another facility
06 ☐ Sent to counseling or mental health treatment
07 ☐ Given medical treatment or testing (e.g., post-exposure prophylaxis (PEP), HIV/AIDS)
08 ☐ Loss of "good/gain" time, increase in "bad" time or delayed release
09 ☐ Given extra work
10 ☐ Loss of privileges, disciplinary report or conduct violation, or other reprimand
11 ☐ Arrested or referred to law enforcement agency
12 ☐ Referred for prosecution or indicted
13 ☐ Convicted, plead guilty, given new sentence, or fined
14 ☐ Awaiting a legal outcome
15 ☐ Other – *Specify* ↙

→ If there were no other perpetrators, please skip to Notes on page 8 (if applicable) or submit form.

35. Perpetrator #2: What was the inmate perpetrator's sex assigned at birth?

01 ☐ Male
02 ☐ Female
03 ☐ Intersex

36. Perpetrator #2: What was the inmate perpetrator's gender identity?
(See definitions on page 9.)

01 ☐ Male
02 ☐ Female
03 ☐ Transgender
04 ☐ Gender nonconforming
05 ☐ Other – *Specify* ↙
06 ☐ Unknown

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

___ years

38. Perpetrator #2: What was the inmate perpetrator's race or ethnicity?
(Mark all that apply.)

01 ☐ White
02 ☐ Black or African American
03 ☐ Hispanic or Latino
04 ☐ American Indian or Alaska Native
05 ☐ Asian
06 ☐ Native Hawaiian or Pacific Islander
07 ☐ Middle Eastern or North African
08 ☐ Other racial category in your information system – *Specify* ↙

39. Perpetrator #2: After the incident, was the inmate perpetrator – *(Mark all that apply.)*

01 ☐ Confined to own cell or room
02 ☐ Placed in or returned to restrictive housing
03 ☐ Placed in higher custody level, restricted unit or program, within the same facility
04 ☐ Transferred to other unit/cell or separated from victim
05 ☐ Transferred to another facility
06 ☐ Sent to counseling or mental health treatment
07 ☐ Given medical treatment or testing (e.g., post-exposure prophylaxis (PEP), HIV/AIDS)
08 ☐ Loss of "good/gain" time, increase in "bad" time or delayed release
09 ☐ Given extra work
10 ☐ Loss of privileges, disciplinary report or conduct violation, or other reprimand
11 ☐ Arrested or referred to law enforcement agency
12 ☐ Referred for prosecution or indicted
13 ☐ Convicted, plead guilty, given new sentence, or fined
14 ☐ Awaiting a legal outcome
15 ☐ Other – *Specify* ↙

Section C – STAFF PERPETRATORS OF SEXUAL VICTIMIZATION

→ If the perpetrator was an inmate, go to Section B on pages 4-5.

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

- 01 ☐ Repeated suggestive, derogatory, or obscene verbal comments or gestures of a sexual nature
- 02 ☐ Wrote letters, showed pictures, talked on the phone, or through video conferencing
- 03 ☐ Exhibited grooming or manipulative behaviors such as providing gifts, special privileges, or favors to inmates
- 04 ☐ Indecent exposure, invasion of privacy, or voyeurism
- 05 ☐ Any attempt, threat, or request related to abusive sexual contact or sexual acts
- 06 ☐ Any touching or kissing for sexual gratification
- 07 ☐ Pressure or abuse of power resulting in a sexual act
- 08 ☐ Physical force resulting in a sexual act
- 09 ☐ Other – *Specify* ↙

41. How many staff perpetrators were involved in the incident?

Number of staff . . . . ___

→ If more than two staff were involved, report please complete this form online.

42. Staff #1: What was the staff perpetrator's gender?

- 01 ☐ Male
- 02 ☐ Female

43. Staff #1: What was the staff perpetrator's age at the time of the incident?

___ years

44. Staff #1: What was the staff perpetrator's race or ethnicity? *(Mark all that apply.)*

- 01 ☐ White
- 02 ☐ Black or African American
- 03 ☐ Hispanic or Latino
- 04 ☐ American Indian or Alaska Native
- 05 ☐ Asian
- 06 ☐ Native Hawaiian or Pacific Islander
- 07 ☐ Middle Eastern or North African
- 08 ☐ Other racial category in your information system – *Specify* ↙

45. Staff #1: Was the staff perpetrator involved in the incident –

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

46. Staff #1: What was the primary position description of the staff perpetrator involved in the incident?

- 01 ☐ Correctional officer, supervisory or security staff, or direct care staff
- 02 ☐ Maintenance and other facility support staff, including groundskeepers, janitors, cooks, and drivers
- 03 ☐ Medical or healthcare staff, including counselors, doctors, dentists, psychologists, psychiatrists, social workers, nurses, and medical assistants
- 04 ☐ Education staff, including instructors, teachers, librarians, and education assistants
- 05 ☐ Member of the clergy or chaplaincy
- 06 ☐ Administrator, including wardens, superintendents, assistants and others in administrative positions
- 07 ☐ Clerical staff including secretaries, clerks, receptionists, and other administrative support
- 08 ☐ Other program staff
- 09 ☐ Volunteers or interns
- 10 ☐ Other staff – *Specify* ↙

47. Staff #1: At the time of the incident, how long had the staff perpetrator worked at the facility?

- 01 ☐ Less than 6 months
- 02 ☐ 6 months to 1 year
- 03 ☐ 1 to 5 years
- 04 ☐ 6 to 10 years
- 05 ☐ 11 or more years

48. Staff #1: After the incident, was the staff perpetrator – *(Mark all that apply.)*

- 01 ☐ Sent to training or counseling
- 02 ☐ Reprimanded or disciplined
- 03 ☐ Transferred to another facility or unit
- 04 ☐ Demoted, diminished responsibilities, suspended temporarily, or placed on administrative leave
- 05 ☐ Discharged, terminated, or contract not renewed
- 06 ☐ Staff resigned (prior to completion of investigation)
- 07 ☐ Staff resigned (after investigation was completed)
- 08 ☐ Arrested or referred to law enforcement agency
- 09 ☐ Referred for prosecution or indicted
- 10 ☐ Convicted, plead guilty, sentenced, or fined
- 11 ☐ Awaiting a legal outcome
- 12 ☐ Other – *Specify* ↙
- 13 ☐ No action taken

→ **If there were no other staff perpetrators involved, please skip to Notes on page 8 (if applicable) or submit form.**

49. Staff #2: What was the staff perpetrator's gender?

01 ☐ Male
02 ☐ Female

50. Staff #2: What was the staff perpetrator's age at the time of the incident?

___ years

51. Staff #2: What was the staff perpetrator's race or ethnicity? *(Mark all that apply.)*

01 ☐ White
02 ☐ Black or African American
03 ☐ Hispanic or Latino
04 ☐ American Indian or Alaska Native
05 ☐ Asian
06 ☐ Native Hawaiian or Pacific Islander
07 ☐ Middle Eastern or North African
08 ☐ Other racial category in your information system – *Specify*

52. Staff #2: Was the staff perpetrator involved in the incident –

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

53. Staff #2: What was the primary position description of the staff perpetrator involved in the incident?

01 ☐ Correctional officer, supervisory or security staff, or direct care staff
02 ☐ Maintenance and other facility support staff, including groundskeepers, janitors, cooks, and drivers
03 ☐ Medical or healthcare staff, including counselors, doctors, dentists, psychologists, psychiatrists, social workers, nurses, and medical assistants
04 ☐ Education staff, including instructors, teachers, librarians, and education assistants
05 ☐ Member of the clergy or chaplaincy
06 ☐ Administrator, including wardens, superintendents, assistants and others in administrative positions
07 ☐ Clerical staff including secretaries, clerks, receptionists, and other administrative support
08 ☐ Other program staff
09 ☐ Volunteers or interns
10 ☐ Other staff – *Specify*

54. Staff #2: At the time of the incident, how long had the staff perpetrator worked at the facility?

01 ☐ Less than 6 months
02 ☐ 6 months to 1 year
03 ☐ 1 to 5 years
04 ☐ 6 to 10 years
05 ☐ 11 or more years

55. Staff #2: After the incident, was the staff perpetrator – *(Mark all that apply.)*

01 ☐ Sent to training or counseling
02 ☐ Reprimanded or disciplined
03 ☐ Transferred to another facility or unit
04 ☐ Demoted, diminished responsibilities, or suspended temporarily, or placed on administrative leave
05 ☐ Discharged, terminated, or contract not renewed
06 ☐ Staff resigned (prior to completion of investigation)
07 ☐ Staff resigned (after investigation was completed)
08 ☐ Arrested or referred to law enforcement agency
09 ☐ Referred for prosecution or indicted
10 ☐ Convicted, plead guilty, sentenced, or fined
11 ☐ Awaiting a legal outcome
12 ☐ Other – *Specify*
13 ☐ No action taken

NOTES

DEFINITIONS

Sexual victimization

Inmate-on-inmate sexual abuse: Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

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

2) Contact between the mouth and the penis, vulva, or anus;

3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Inmate-on-inmate 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, detainee, or resident directed toward another.

Staff-on-inmate sexual abuse: Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

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

2) Contact between the mouth and the penis, vulva, or anus;

3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1) - (5) of this section;

7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and

8) Voyeurism by a staff member, contractor, or volunteer.

Staff-on-inmate sexual harassment: Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Sex and gender identity

Sex: A multidimensional construct based on a cluster of anatomical and physiological traits that include external genitalia, secondary sex characteristics, gonads, chromosomes, and hormones.

Gender identity: A person's core internal understanding or sense of who they are regardless of sex assigned 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 differences in sex development (DSD).

Gender nonconforming: A person whose appearance or manner does not conform to traditional societal gender expectations.

Transgender: A person whose gender identity is different from the person's sex assigned at birth.

Disability

Disability: A (1) physical or mental impairment that substantially limits one or more of the major life activities of [an] individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment.

OMB No. 1121-0292: Approval Expires xx/xx/xxxx

FORM **SSV-IJ**
(04-10-2024)

SURVEY OF SEXUAL VICTIMIZATION, 2023

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 ___

1. Did the incident include repeated behaviors?

01 ☐ Yes 02 ☐ No

If "Yes" ➔ a. On approximately, how many different dates did it occur? . . .___

➔ b. On what date did the most recent incident occur?

Month ___ Day ___ Year ___

If "No" ➔ a. On what date did the incident occur?

Month ___ Day ___ Year ___

2. In what facility did the incident occur?

Name

City State

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

01 ☐ In the victim's cell or room (if the victim and perpetrator share a cell or room, count as the victim's cell)
02 ☐ In the perpetrator's cell or room
03 ☐ In a dormitory or other multiple housing unit
04 ☐ In a common area (e.g., shower, dayroom, bathroom)
05 ☐ In a temporary holding cell or intake area within the facility
06 ☐ In a program service area (e.g., commissary, kitchen, storage, laundry, cafeteria, workshop, hallway)
07 ☐ In an instructional area (e.g., classroom, school, library, conference room)
08 ☐ In a recreation area (e.g., yard, courtyard, gymnasium)
09 ☐ In a medical area (e.g., infirmary, health clinic)
10 ☐ In a staff area (e.g., office, break room, counselor's office)
11 ☐ Offsite or while in transit
12 ☐ Other – *Specify*
13 ☐ Location unknown
14 ☐ Location not applicable (e.g., involved written, phone, or virtual communication)

4. Did the incident take place in an area subject to video monitoring? *(Mark all that apply.)*

01 ☐ Yes 03 ☐ Unknown
02 ☐ No

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

01 ☐ Morning (6 a.m. to 11:59 a.m.)
02 ☐ Afternoon (noon to 5:59 p.m.)
03 ☐ Evening (6 p.m. to 11:59 p.m.)
04 ☐ Overnight (midnight to 5:59 a.m.)
05 ☐ Time unknown

6. Who reported the incident?
(Mark all that apply.)

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

7. What was the type of sexual victimization incident?
(See definitions on page 9.)

01 ☐ Youth-on-youth sexual abuse
➔ Complete sections A and B
02 ☐ Youth-on-youth sexual harassment
➔ Complete sections A and B
03 ☐ Staff-on-youth sexual abuse
➔ Complete sections A and C
04 ☐ Staff-on-youth sexual harassment
➔ Complete sections A and C

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 A – VICTIMS OF SEXUAL VICTIMIZATION

8. How many victims were involved in the incident?

Number of victims . . . . ☐☐

→ If more than two victims were involved, please complete this form online.

9. Victim #1: What was the victim's sex assigned at birth?

Sex is a multidimensional construct based on a cluster of anatomical and physiological traits that include external genitalia, secondary sex characteristics, gonads, chromosomes, and hormones.

01 ☐ Male
02 ☐ Female
03 ☐ 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 differences in sex development.]

10. Victim #1: What was the victim's gender identity?

Gender identity is a person's core internal understanding or sense of who they are regardless of sex assigned at birth.

01 ☐ Male
02 ☐ Female
03 ☐ Transgender [A person whose gender identity is different from the person's sex assigned at birth.]
04 ☐ Gender nonconforming [A person whose gender identity does not conform to traditional societal gender expectations.]
05 ☐ Other – *Specify* _____
06 ☐ Unknown

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

☐☐ years

12. Victim #1: What was the victim's race or ethnicity? *(Mark all that apply.)*

01 ☐ White
02 ☐ Black or African American
03 ☐ Hispanic or Latino
04 ☐ American Indian or Alaska Native
05 ☐ Asian
06 ☐ Native Hawaiian or Pacific Islander
07 ☐ Middle Eastern or North African
08 ☐ Other racial category in your information system – *Specify* ↙ _____

13. Victim #1: What was the victim's citizenship?

01 ☐ A U.S. citizen
02 ☐ Not a U.S. citizen
03 ☐ Of unknown citizenship status

14. Victim #1: Was the victim identified as having any of the following disabilities at the time of the incident? *(Mark all that apply.)*

Disability is defined as (a) A physical or mental impairment that substantially limits one or more of the major life activities of [an] individual; (b) a record of such an impairment; or (c) being regarded as having such an impairment.

01 ☐ A serious and persistent mental illness (e.g., bipolar disorder, major depression, obsessive compulsive disorder, post-traumatic stress disorder, schizophrenia, etc.)
02 ☐ A cognitive impairment or intellectual disability (e.g., ADHD, autism spectrum disorder, dementia, a learning disability, etc.)
03 ☐ A physical impairment or disability (e.g., back or spinal injury, blindness or low vision, deafness or hearing loss, diabetes, epilepsy, heart disease, mobility impairments, etc.)

15. Victim #1: Did the victim sustain any physical injury during the incident?

01 ☐ Yes 02 ☐ No 03 ☐ Unknown

If "Yes" **→ a. What injuries occurred?** *(Mark all that apply.)*

01 ☐ Bruises, black eye, sprains, cuts, scratches, swelling, welts
02 ☐ Bites
03 ☐ Burns
04 ☐ Chipped or knocked out teeth
05 ☐ Anal or vaginal tearing
06 ☐ Knocked unconscious
07 ☐ Broken bones
08 ☐ Knife or stab wounds
09 ☐ Internal injuries
10 ☐ Other – *Specify* ↙ _____

→ b. Did the victim receive medical treatment for these injuries?

01 ☐ Yes 02 ☐ No 03 ☐ Unknown

16. Victim #1: After the incident was reported, was the victim – *(Mark all that apply.)*

01 ☐ Provided with counseling or mental health treatment
02 ☐ Given a medical examination
03 ☐ Administered a sexual assault kit
04 ☐ Given post-exposure prophylaxis (PEP) and/or emergency contraception
05 ☐ Tested for HIV/AIDS
06 ☐ Tested for other sexually transmitted infections
07 ☐ Offered but declined testing or treatment and/or counseling
08 ☐ Already released/discharged
09 ☐ None of the above

Section A – VICTIMS OF SEXUAL VICTIMIZATION

17. Victim #1: After the incident was reported, was the victim – *(Mark all that apply.)*

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

_____

- 11 ☐ None of the above

➔ If there were no other victims, please skip to Section B on pages 4-5 if the incident involved a youth perpetrator or Section C on pages 6-7 if the incident involved a staff perpetrator.

18. Victim #2: What was the victim's sex assigned at birth?

- 01 ☐ Male
- 02 ☐ Female
- 03 ☐ Intersex

19. Victim #2: What was the victim's gender identity?

- 01 ☐ Male
- 02 ☐ Female
- 03 ☐ Transgender
- 04 ☐ Gender nonconforming
- 05 ☐ Other – *Specify* ↙

_____

- 06 ☐ Unknown

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

___ years

21. Victim #2: What was the victim's race or ethnicity? *(Mark all that apply.)*

- 01 ☐ White
- 02 ☐ Black or African American
- 03 ☐ Hispanic or Latino
- 04 ☐ American Indian or Alaska Native
- 05 ☐ Asian
- 06 ☐ Native Hawaiian or Pacific Islander
- 07 ☐ Middle Eastern or North African
- 08 ☐ Other racial category in your information system – *Specify* ↙

_____

22. Victim #2: What was the victim's citizenship?

- 01 ☐ A U.S. citizen
- 02 ☐ Not a U.S. citizen
- 03 ☐ Of unknown citizenship status

23. Victim #2: Was the victim identified as having any of the following disabilities at the time of the incident? *(Mark all that apply.)*

- 01 ☐ A serious and persistent mental illness (e.g., bipolar disorder, major depression, obsessive compulsive disorder, post-traumatic stress disorder, schizophrenia, etc.)
- 02 ☐ A cognitive impairment or intellectual disability (e.g., ADHD, autism spectrum disorder, dementia, a learning disability, etc.)
- 03 ☐ A physical impairment or disability (e.g., back or spinal injury, blindness or low vision, deafness or hearing loss, diabetes, epilepsy, heart disease, mobility impairments, etc.)

24. Victim #2: Did the victim sustain any physical injury during the incident?

01 ☐ Yes 02 ☐ No 03 ☐ Unknown

If "Yes" **➔ a. What injuries occurred?** *(Mark all that apply.)*

- 01 ☐ Bruises, black eye, sprains, cuts, scratches, swelling, welts
- 02 ☐ Bites
- 03 ☐ Burns
- 04 ☐ Chipped or knocked out teeth
- 05 ☐ Anal or vaginal tearing
- 06 ☐ Knocked unconscious
- 07 ☐ Broken bones
- 08 ☐ Knife or stab wounds
- 09 ☐ Internal injuries
- 10 ☐ Other – *Specify* ↙

_____

➔ b. Did the victim receive medical treatment for these injuries?

01 ☐ Yes 02 ☐ No 03 ☐ Unknown

25. Victim #2: After the incident was reported, was the victim – *(Mark all that apply.)*

- 01 ☐ Provided with counseling or mental health treatment
- 02 ☐ Given a medical examination
- 03 ☐ Administered a sexual assault kit
- 04 ☐ Given post-exposure prophylaxis (PEP) and/or emergency contraception
- 05 ☐ Tested for HIV/AIDS
- 06 ☐ Tested for other sexually transmitted infections
- 07 ☐ Offered but declined testing or treatment and/or counseling
- 08 ☐ Already released/discharged
- 09 ☐ None of the above

26. Victim #2: After the incident was reported, was the victim – *(Mark all that apply.)*

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

_____

- 11 ☐ None of the above

Section B – YOUTH PERPETRATORS OF SEXUAL VICTIMIZATION

→ If the perpetrator was a staff member, go to Section C on pages 6-7.

27. What was the nature of the incident?
(Mark all that apply.)

- 01 ☐ Repeated verbal comments or gestures of a derogatory or offensive sexual nature
- 02 ☐ Repeated and unwelcome sexual advances or requests for sexual favors
- 03 ☐ Indecent exposure, masturbation, voyeurism, or other actions of a derogatory sexual nature
- 04 ☐ Intentional and non-consensual or coerced touching of the genitalia, anus, groin, breast, inner thigh, or the buttocks
- 05 ☐ Nonconsensual sexual act that resulted from pressure or coercion (without force)
- 06 ☐ Nonconsensual sexual act that resulted from physical force (or the threat of force)
- 07 ☐ Other – *Specify* ↙

_____

28. What types of pressure, coercion, or force occurred as part of the incident?
(Mark all that apply.)

- 01 ☐ Persuasion or talked into sexual activity
- 02 ☐ Bribery or blackmail
- 03 ☐ Gave the victim drugs or alcohol
- 04 ☐ Offered protection from other youth
- 05 ☐ Threats made (e.g., threatened harm to victim or victim's family, threatened with a weapon)
- 06 ☐ Unwanted touching, grabbing, or groping of the victim by surprise or while the victim was asleep or incapacitated
- 07 ☐ Physically held victim down or restrained in some way, including having other youth restrain the victim
- 08 ☐ Physical harm or injury
- 09 ☐ Other – *Specify* ↙

_____

- 10 ☐ None of the above

29. How many youth perpetrators were involved in the incident?

Number of youth perpetrators . . . . ☐☐

→ If more than two youth perpetrators were involved, please complete this form online.

30. Perpetrator #1: What was the youth perpetrator's sex assigned at birth?

Sex is a multidimensional construct based on a cluster of anatomical and physiological traits that include external genitalia, secondary sex characteristics, gonads, chromosomes, and hormones.

- 01 ☐ Male
- 02 ☐ Female
- 03 ☐ 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 differences in sex development.]

31. Perpetrator #1: What was the youth perpetrator's gender identity?

Gender identity is a person's core internal understanding or sense of who they are regardless of sex assigned at birth.

- 01 ☐ Male
- 02 ☐ Female
- 03 ☐ Transgender [A person whose gender identity is different from the person's sex assigned at birth.]
- 04 ☐ Gender nonconforming [A person whose gender identity does not conform to traditional societal gender expectations.]
- 05 ☐ Other – *Specify* _____
- 06 ☐ Unknown

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

☐☐ years

33. Perpetrator #1: What was the youth perpetrator's race or ethnicity?
(Mark all that apply.)

01 ☐ White
02 ☐ Black or African American
03 ☐ Hispanic or Latino
04 ☐ American Indian or Alaska Native
05 ☐ Asian
06 ☐ Native Hawaiian or Pacific Islander
07 ☐ Middle Eastern or North African
08 ☐ Other racial category in your information system – *Specify* ↙

_____

34. Perpetrator #1: After the incident, was the youth perpetrator – *(Mark all that apply.)*

01 ☐ Confined to own cell or room
02 ☐ Placed in or returned to restrictive housing
03 ☐ Placed in higher custody level, restricted unit or program, within the same facility
04 ☐ Transferred to other unit/cell or separated from victim
05 ☐ Transferred to another facility
06 ☐ Sent to counseling or mental health treatment
07 ☐ Given medical treatment or testing (e.g., post-exposure prophylaxis (PEP), HIV/AIDS)
08 ☐ Loss of "good/gain" time, increase in "bad" time or delayed release
09 ☐ Given extra work
10 ☐ Loss of privileges, disciplinary report or conduct violation, or other reprimand
11 ☐ Arrested or referred to law enforcement agency
12 ☐ Referred for prosecution or indicted
13 ☐ Convicted, plead guilty, given new sentence, or fined
14 ☐ Awaiting a legal outcome
15 ☐ Other – *Specify* ↙

_____

➔ If there were no other perpetrators, please skip to Notes on page 8 (if applicable) or submit form.

35. Perpetrator #2: What was the youth perpetrator's sex assigned at birth?

01 ☐ Male
02 ☐ Female
03 ☐ Intersex

36. Perpetrator #2: What was the youth perpetrator's gender identity?
(See definitions on page 9.)

01 ☐ Male
02 ☐ Female
03 ☐ Transgender
04 ☐ Gender nonconforming
05 ☐ Other – *Specify* ↙

_____

06 ☐ Unknown

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

☐☐ years

38. Perpetrator #2: What was the youth perpetrator's race or ethnicity?
(Mark all that apply.)

01 ☐ White
02 ☐ Black or African American
03 ☐ Hispanic or Latino
04 ☐ American Indian or Alaska Native
05 ☐ Asian
06 ☐ Native Hawaiian or Pacific Islander
07 ☐ Middle Eastern or North African
08 ☐ Other racial category in your information system – *Specify* ↙

_____

39. Perpetrator #2: After the incident, was the youth perpetrator – *(Mark all that apply.)*

01 ☐ Confined to own cell or room
02 ☐ Placed in or returned to restrictive housing
03 ☐ Placed in higher custody level, restricted unit or program, within the same facility
04 ☐ Transferred to other unit/cell or separated from victim
05 ☐ Transferred to another facility
06 ☐ Sent to counseling or mental health treatment
07 ☐ Given medical treatment or testing (e.g., post-exposure prophylaxis (PEP), HIV/AIDS)
08 ☐ Loss of "good/gain" time, increase in "bad" time or delayed release
09 ☐ Given extra work
10 ☐ Loss of privileges, disciplinary report or conduct violation, or other reprimand
11 ☐ Arrested or referred to law enforcement agency
12 ☐ Referred for prosecution or indicted
13 ☐ Convicted, plead guilty, given new sentence, or fined
14 ☐ Awaiting a legal outcome
15 ☐ Other – *Specify* ↙

_____

Section C – STAFF PERPETRATORS OF SEXUAL VICTIMIZATION

→ If the perpetrator was a youth, go to Section B on pages 4-5.

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

- 01 ☐ Repeated suggestive, derogatory, or obscene verbal comments or gestures of a sexual nature
- 02 ☐ Wrote letters, showed pictures, talked on the phone, or through video conferencing
- 03 ☐ Exhibited grooming or manipulative behaviors such as providing gifts, special privileges, or favors to youth
- 04 ☐ Indecent exposure, invasion of privacy, or voyeurism
- 05 ☐ Any attempt, threat, or request related to abusive sexual contact or sexual acts
- 06 ☐ Any touching or kissing for sexual gratification
- 07 ☐ Pressure or abuse of power resulting in a sexual act
- 08 ☐ Physical force resulting in a sexual act
- 09 ☐ Other – *Specify* ↙

41. How many staff perpetrators were involved in the incident?

Number of staff . . . . ___

→ If more than two staff were involved, report please complete this form online.

42. Staff #1: What was the staff perpetrator's gender?

- 01 ☐ Male
- 02 ☐ Female

43. Staff #1: What was the staff perpetrator's age at the time of the incident?

___ years

44. Staff #1: What was the staff perpetrator's race or ethnicity? *(Mark all that apply.)*

- 01 ☐ White
- 02 ☐ Black or African American
- 03 ☐ Hispanic or Latino
- 04 ☐ American Indian or Alaska Native
- 05 ☐ Asian
- 06 ☐ Native Hawaiian or Pacific Islander
- 07 ☐ Middle Eastern or North African
- 08 ☐ Other racial category in your information system – *Specify* ↙

45. Staff #1: Was the staff perpetrator involved in the incident –

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

46. Staff #1: What was the primary position description of the staff perpetrator involved in the incident?

- 01 ☐ Correctional officer, supervisory or security staff, or direct care staff
- 02 ☐ Maintenance and other facility support staff, including groundskeepers, janitors, cooks, and drivers
- 03 ☐ Medical or healthcare staff, including counselors, doctors, dentists, psychologists, psychiatrists, social workers, nurses, and medical assistants
- 04 ☐ Education staff, including instructors, teachers, librarians, and education assistants
- 05 ☐ Member of the clergy or chaplaincy
- 06 ☐ Administrator, including wardens, superintendents, assistants and others in administrative positions
- 07 ☐ Clerical staff including secretaries, clerks, receptionists, and other administrative support
- 08 ☐ Other program staff
- 09 ☐ Volunteers or interns
- 10 ☐ Other staff – *Specify* ↙

47. Staff #1: At the time of the incident, how long had the staff perpetrator worked at the facility?

- 01 ☐ Less than 6 months
- 02 ☐ 6 months to 1 year
- 03 ☐ 1 to 5 years
- 04 ☐ 6 to 10 years
- 05 ☐ 11 or more years

48. Staff #1: After the incident, was the staff perpetrator – *(Mark all that apply.)*

- 01 ☐ Sent to training or counseling
- 02 ☐ Reprimanded or disciplined
- 03 ☐ Transferred to another facility or unit
- 04 ☐ Demoted, diminished responsibilities, suspended temporarily, or placed on administrative leave
- 05 ☐ Discharged, terminated, or contract not renewed
- 06 ☐ Staff resigned (prior to completion of investigation)
- 07 ☐ Staff resigned (after investigation was completed)
- 08 ☐ Arrested or referred to law enforcement agency
- 09 ☐ Referred for prosecution or indicted
- 10 ☐ Convicted, plead guilty, sentenced, or fined
- 11 ☐ Awaiting a legal outcome
- 12 ☐ Other – *Specify* ↙
- 13 ☐ No action taken

→ **If there were no other staff perpetrators involved, please skip to Notes on page 8 (if applicable) or submit form.**

49. Staff #2: What was the staff perpetrator's gender?

01 ☐ Male
02 ☐ Female

50. Staff #2: What was the staff perpetrator's age at the time of the incident?

___ years

51. Staff #2: What was the race/ethnic origin of the staff perpetrator involved in the incident? *(Mark all that apply.)*

01 ☐ White
02 ☐ Black or African American
03 ☐ Hispanic or Latino
04 ☐ American Indian or Alaska Native
05 ☐ Asian
06 ☐ Native Hawaiian or Pacific Islander
07 ☐ Middle Eastern or North African
08 ☐ Other racial category in your information system – *Specify*

52. Staff #2: Was the staff perpetrator involved in the incident –

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

53. Staff #2: What was the primary position description of the staff perpetrator involved in the incident?

01 ☐ Correctional officer, supervisory or security staff, or direct care staff
02 ☐ Maintenance and other facility support staff, including groundskeepers, janitors, cooks, and drivers
03 ☐ Medical or healthcare staff, including counselors, doctors, dentists, psychologists, psychiatrists, social workers, nurses, and medical assistants
04 ☐ Education staff, including instructors, teachers, librarians, and education assistants
05 ☐ Member of the clergy or chaplaincy
06 ☐ Administrator, including wardens, superintendents, assistants and others in administrative positions
07 ☐ Clerical staff including secretaries, clerks, receptionists, and other administrative support
08 ☐ Other program staff
09 ☐ Volunteers or interns
10 ☐ Other staff – *Specify*

54. Staff #2: At the time of the incident, how long had the staff perpetrator worked at the facility?

01 ☐ Less than 6 months
02 ☐ 6 months to 1 year
03 ☐ 1 to 5 years
04 ☐ 6 to 10 years
05 ☐ 11 or more years

55. Staff #2: After the incident, was the staff perpetrator – *(Mark all that apply.)*

01 ☐ Sent to training or counseling
02 ☐ Reprimanded or disciplined
03 ☐ Transferred to another facility or unit
04 ☐ Demoted, diminished responsibilities, or suspended temporarily, or placed on administrative leave
05 ☐ Discharged, terminated, or contract not renewed
06 ☐ Staff resigned (prior to completion of investigation)
07 ☐ Staff resigned (after investigation was completed)
08 ☐ Arrested or referred to law enforcement agency
09 ☐ Referred for prosecution or indicted
10 ☐ Convicted, plead guilty, sentenced, or fined
11 ☐ Awaiting a legal outcome
12 ☐ Other – *Specify*
13 ☐ No action taken

NOTES

Definitions

Sexual victimization

Youth-on-youth sexual abuse: Sexual abuse of a youth, detainee, or resident by another youth, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

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

2) Contact between the mouth and the penis, vulva, or anus;

3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Youth-on-youth 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, detainee, or resident directed toward another.

Staff-on-youth sexual abuse: Sexual abuse of a youth, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the youth, detainee, or resident:

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

2) Contact between the mouth and the penis, vulva, or anus;

3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1) - (5) of this section;

7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a youth, detainee, or resident, and

8) Voyeurism by a staff member, contractor, or volunteer.

Staff-on-youth sexual harassment: Repeated verbal comments or gestures of a sexual nature to a youth, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Sex and gender identity

Sex: A multidimensional construct based on a cluster of anatomical and physiological traits that include external genitalia, secondary sex characteristics, gonads, chromosomes, and hormones.

Gender identity: A person's core internal understanding or sense of who they are regardless of sex assigned 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 differences in sex development (DSD).

Gender nonconforming: A person whose appearance or manner does not conform to traditional societal gender expectations.

Transgender: A person whose gender identity is different from the person's sex assigned at birth.

Disability

Disability: A (1) physical or mental impairment that substantially limits one or more of the major life activities of [an] individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment.