FORM **SSV-2** (6-7-2022)



SURVEY OF SEXUAL VICTIMIZATION, 2021

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

	JUSTICE PRO	Summa	ry Form				
DATA SUPPLIED BY							
Name			Title				
OFFICIAL ADDRESS	Number and	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, 2021, and December 31, 2021.

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

Reporting instructions:

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

Substantiated incidents of sexual violence:

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

Returning forms:

- If you need assistance, please call Greta Clark at the U.S. Census Bureau toll-free at 1-800-253-2078, or e-mail greta.b.clark@census.gov
- Please return your completed summary and substantiated incident forms by December 1, 2022.
- You may complete these forms online at: https://ssv.census.gov/
- MAIL TO: U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000
- FAX (TOLL FREE): 1-888-262-3974

Burden Statement

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

Section I - INMATE-ON-INMATE SEXUAL VICTIMIZATION

DEFINITIONS

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

NONCONSENSUAL SEXUAL ACTS

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

AND

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

• Contact between the mouth and the penis, vulva, or

OR

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

ABUSIVE SEXUAL CONTACT

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

AND

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

SEXUAL HARASSMENT

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

1.	Does your State prison system record allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS?
	01 ☐ Yes → a. Do you record all reported occurrences, or only substantiated ones?
	01 All
	02 Substantiated only
	b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones?
	01 Both attempted and completed
	02 Completed only
	02 ☐ No → Please provide the definition used by your State prison system for inmate-on-inmate NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 2 and 3.
2.	Between January 1, 2021, and December 31, 2021, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?
	Number reported
	 If an allegation involved multiple victimizations, count only once.
	Exclude any allegations that were reported as 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 \square None
	 Evidence is still being gathered, processed or evaluated, and a final determination has not yet been made.
	e. TOTAL (Sum of Items 3a through 3d
	The total should equal the number reported in Item 2

FORM SSV-2 (6-7-2022) Page 2

4. Does your State prison system record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT? (See definitions on page 2.) 01 Yes → Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS? 01 Yes 02 No → Skip to Item 7. 02 No → Please provide an explanation in the space below and then skip to Item 7.	7. Does your State prison system record allegations of inmate-on-inmate SEXUAL HARASSMENT? (See definitions on page 2.) m 201 Yes Do you record all reported allegations or only substantiated ones? 01 All 02 Substantiated only 02 No Please provide an explanation in the space below and then skip to Section II.
5. Between January 1, 2021, and December 31, 20 how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported?	21, 8. Between January 1, 2021, and December 31, 2021, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?
Number reported	Number reported None If an allegation involved multiple victims or inmate perpetrators, count only once. Exclude any allegations that were reported as consensual.
6. Of the allegations reported in Item 5, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)	9. Of the allegations reported in Item 8, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)
a. Substantiated None	a. Substantiated None
b. Unsubstantiated	b. Unsubstantiated
c. Unfounded	c. Unfounded None
d. Investigation ongoing	d. Investigation ongoing None
e. TOTAL (Sum of Items 6a through 6d)	e. TOTAL (Sum of Items 9a through 9d)
 The total should equal the number reported in Item 5. 	 The total should equal the number reported in Item 8.

FORM SSV-2 (6-7-2022) Page 3

SECTION II - STAFF-ON-INMATE SEXUAL ABUSE

DEFINITIONS

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

STAFF SEXUAL MISCONDUCT

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

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

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

OR

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

OR

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

STAFF SEXUAL HARASSMENT

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

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

OB

Repeated profane or obscene language or gestures.

10.	allegations of STAFF SEXUAL MISCONDUCT?			
	o1 ☐ Yes →	Do you record occurrences, ones?	all reporte or only sub	d stantiated
		01 All 02 Substantiate	ed only	
	02 □ No →	Please provide an below and then sk	explanation ip to Item 13	in the space
11.	Between of December STAFF SE	January 1, 2021 31, 2021, how XUAL MISCOND	, and many alleg UCT were	ations of reported?
	Number re	ported		□None
	 If an allegount only 	gation involved mul y once.	tiple victimiza	ations,
12.	many were responsible	gations reporte e – (Please contac for investigating all in order to fully co	t the agency legations of s	or office sexual
	a. Substai	ntiated		□ None
	b. Unsubs	tantiated		_□ None
	c. Unfound	ded		_□ None
	d. Investi	gation ongoing		_□ None
	e. TOTAL 12a thre	(Sum of Items ough 12d)		□ None
	The to Item	tal should equal th 11.	e number rep	ported in

FORM SSV-2 (6-7-2022) Page 4

13.	Does your State prison system record	Section III – PRIVATE AND LOCAL ALLEGATIONS
	allegations of STAFF SEXUAL HARASSMENT? (See definitions on page 4.) 101 Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT? 101 Yes 102 No → Skip to Item 16. 102 No → Please provide an explanation in the space below and then skip to Item 16.	16. Did any of the allegations reported in Items 2, 5, 8, 11, or 14 occur in a privately operated facility? 11 Yes 12 No 17. Did any of the allegations reported in Items 2, 5, 8, 11, or 14 occur in a facility operated and administered by local governments? 12 Yes 13 Yes 14 Yes 15 No Section IV - TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION 18. What is the total number of substantiated
		incidents reported in Items 3a, 6a, 9a, 12a, and 15a? Total substantiated incidents
	Between January 1, 2021, and December 31, 2021, how many allegations of STAFF SEXUAL HARASSMENT were reported?	→ Please complete a Substantiated Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.
	Number reported None	NOTES
15.	If an allegation involved multiple victims or staff, count only once. Of the allegations reported in Item 14, how many were — (Please contact the agency or office responsible for investigating allegations of sexual	
	a. Substantiated None	
	b. Unsubstantiated	
	c. Unfounded None d. Investigation ongoing . None	
	e. TOTAL (Sum of Items 15a through 15d)	
	The total should equal the number reported in Item 14.	

FORM SSV-2 (6-7-2022) Page 5