			OMB N		Approval Expires 07/31/2027
FORM <b>SSV-2</b> (07-17-2024)	A COLOR OF C	SURVEY OF SEXUAL VIC State Prison Summary	Systems	BUF AN	DEPARTMENT OF JUSTICE REAU OF JUSTICE STATISTICS ID ACTING AS COLLECTION AGENT J.S. DEPT. OF COMMERCE U.S. CENSUS BUREAU
DATA SUPPLIED BY					
Name		Tit	le		
OFFICIAL ADDRESS	Number and s	treet or P.O. Box/Route Number	City	State	ZIP Code
TELEPHONE	Area code	Number	FAX NUMBER	Area Code	Number
E-MAIL ADDRESS					

What facilities are included in this data collection?	Reporting instructions:	
All State-operated confinement facilities that are intended for	<ul> <li>Please complete the entire SSV-2 Form.</li> </ul>	
<ul> <li>adults but sometimes hold juveniles.</li> <li>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.</li> </ul>	<ul> <li>If the answer to a question is "not available" or "unknown," write "DK" (do not know) in the space provided.</li> <li>If the answer to a question is "not applicable," write "NA" in the space provided.</li> <li>If the answer to a question is "none" or "0," write "0" in the space provided.</li> <li>Substantiated incidents of sexual victimization:</li> </ul>	
<ul> <li>INCLUDE State-operated local detention facilities in Alaska, Connecticut, Delaware, Hawaii, Rhode Island,</li> </ul>		
and Vermont.	<ul> <li>Please complete an Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.</li> </ul>	
• EXCLUDE privately operated facilities and facilities operated and administered by local governments. (These facilities will be contacted directly for data on 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	
<ul> <li>EXCLUDE facilities that hold only juveniles. (These facilities will be contacted directly for data on sexual victimization.)</li> </ul>	<ul> <li>Please return your completed summary and substantiated incident forms by December 20, 2024.</li> </ul>	
What inmates and incidents are included in this data collection?	<ul> <li>You may complete these forms online at: https://respond.census.gov/ssv</li> </ul>	
Inmates under your custody between January 1, 2023, and December 31, 2023.	<ul> <li>MAIL TO: U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000</li> </ul>	
<ul> <li>INCLUDE incidents involving inmates under the authority, custody, or care of your confinement or community-based facilities or staff.</li> </ul>	• FAX (TOLL FREE): 1–888–262–3974	

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

#### **Burden Statement**

• EXCLUDE incidents involving inmates held in local jails and facilities in other jurisdictions.

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 1. Does your State prison system record allegations of inmate-on-inmate **SEXUAL ABUSE?** DEFINITIONS 01 U Yes → Do you record all reported This survey utilizes the PREA standard definitions for types occurrences, or only substantiated of sexual victimization. These categories are: ones? **SEXUAL ABUSE** 01 🗌 All 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 02 Substantiated only $02 \square$ No $\rightarrow$ Please provide an explanation as to why your into such act by overt or implied threats of violence, or is agency does not record inmate-on-inmate unable to consent or refuse: SEXÚAL ABUSE allegations, in the space below, and skip to Item 4. (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 2. Between January 1, 2023, and December 31, 2023, contact incidental to a physical altercation. how many allegations of inmate-on-inmate SEXUAL ÁBUSE were reported? SEXUAL HARASSMENT Repeated and unwelcome sexual advances, requests for Number reported sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one If the allegation involved multiple victims and/or inmate, detainee, or resident directed toward another. 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.

<ul> <li>4. Does your State prison system record allegations of inmate-on-inmate SEXUAL HARASSMENT? (See definitions on page 2.)</li> <li>01 ☐ Yes → Do you record all reported allegations or only substantiated ones?</li> <li>01 ☐ All</li> <li>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.</li> </ul>	<ul> <li>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.)</li> <li>a. Substantiated</li> <li>b. Unsubstantiated</li> <li>c. Unfounded</li> <li>d. Investigation ongoing</li> <li>e. TOTAL (Sum of Items 6a through 6d)</li> <li>The total should equal the number reported in Item 5.</li> </ul>
<form></form>	

# 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.

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

#### on ☐ 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		Section III – PRIVATE AND LOCAL ALLEGATIONS
	allegations of STAFF SEXUAL HARASSMENT? (See definitions on page 4.)	13. Did any of the allegations reported in Items 2, 5, 8, or 11 occur in a privately operated facility?
	01 ☐ Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL ABUSE?	01
	o1 ☐ Yes o2 $\Box$ No → Skip to Item 13.	14. Did any of the allegations reported in Items 2, 5, 8, or 11 occur in a facility operated and administered by local governments?
	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.	01
		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
11.	Between January 1, 2023, and	incident of sexual victimization.
	December 31, 2023, how many allegations of STAFF SEXUAL HARASSMENT were reported?	NOTES
	Number reported	
	<ul> <li>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.</li> </ul>	
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	
	<b>c. Unfounded</b>	
	d. Investigation ongoing	
	e. TOTAL (Sum of Items 12a through 12d)	
	<ul> <li>The total should equal the number reported in Item 11.</li> </ul>	