

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

**SURVEY OF SEXUAL VICTIMIZATION, 2020**  
**State Prison Systems**  
**Summary Form**

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

**DATA SUPPLIED BY**

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

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

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

All State-operated confinement facilities that are intended for adults but sometimes hold juveniles.

- INCLUDE prisons, penitentiaries, and correctional institutions; boot camps; community correction facilities; halfway houses; prison farms; reception, diagnostic, and classification centers; road camps; forestry and conservation camps; vocational training facilities; prison hospitals; and drug and alcohol treatment facilities for prisoners.
- INCLUDE State-operated local detention facilities in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont.

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

- EXCLUDE facilities that hold only juveniles. (These facilities will be contacted directly for data on sexual victimization.)

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

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

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

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

**Reporting instructions:**

- Please complete the entire SSV-2 Form.
- If the answer to a question is "not available" or "unknown," write "DK" (do not know) in the space provided.
- If the answer to a question is "not applicable," write "NA" in the space provided.
- If the answer to a question is "none" or "0," mark the box () 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 November 12, 2021.**
- **You may complete these forms online at: <https://ssv.census.gov/>**
- **MAIL TO:** U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000
- **FAX (TOLL FREE): 1-888-262-3974**

**Burden Statement**

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

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

**DEFINITIONS**

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

**NONCONSENSUAL SEXUAL ACTS**

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

**AND**

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

**OR**

- Contact between the mouth and the penis, vulva, or anus;

**OR**

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

**ABUSIVE SEXUAL CONTACT**

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

**AND**

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

**SEXUAL HARASSMENT**

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

**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, 2020, and December 31, 2020, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?**

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

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

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

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

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

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

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

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

- The investigation determined that the event did NOT occur.

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

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

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

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

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

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

01  Yes

02  No → Skip to Item 7.

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

**5. Between January 1, 2020, and December 31, 2020, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported?**

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

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

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

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

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

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

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

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

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

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

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

01  All

02  Substantiated only

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

**8. Between January 1, 2020, and December 31, 2020, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?**

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

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

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

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

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

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

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

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

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

## SECTION II – STAFF-ON-INMATE SEXUAL ABUSE

### DEFINITIONS

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

### STAFF SEXUAL MISCONDUCT

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

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

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

**OR**

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

**OR**

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

### STAFF SEXUAL HARASSMENT

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

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

**OR**

- Repeated profane or obscene language or gestures.
- 

### 10. Does your State prison system record allegations of STAFF SEXUAL MISCONDUCT?

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

01  All

02  Substantiated only

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

### 11. Between January 1, 2020, and December 31, 2020, how many allegations of STAFF SEXUAL MISCONDUCT were reported?

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

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

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

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

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

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

**d. Investigation ongoing** .   None

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

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

**13. Does your State prison system record allegations of STAFF SEXUAL HARASSMENT?**

(See definitions on page 4.)

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

01  Yes

02  No → Skip to Item 16.

02  No → Please provide an explanation in the space below and then skip to Item 16.

**14. Between January 1, 2020, and December 31, 2020, how many allegations of STAFF SEXUAL HARASSMENT were reported?**

Number reported .....   None

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

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

a. Substantiated .....   None

b. Unsubstantiated .....   None

c. Unfounded .....   None

d. Investigation ongoing .   None

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

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

**Section III – PRIVATE AND LOCAL ALLEGATIONS**

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

01  Yes

02  No

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

01  Yes

02  No

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

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

Total substantiated incidents .....   None

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

**NOTES**