FORM **SSV-2**



SURVEY OF SEXUAL VICTIMIZATION, 2013

State Prison Systems
Summary Form

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

	10000							
		DATA SUF	PLIED B	Y				
Name			Title					
Christine	Preston		PRI	EA Director				
OFFICIAL ADDRESS		street or P.O. Box/Route Number ington Avenue		City Madison		State WI	ZIP Code 53707	
TELEPHONE	Area code 608	Number 2405113		FAX NUMBER	A	Area Code	Number	
E-MAIL ADDRESS	christine.prest	on@wisconsin.gov						

50 0 000 000 07 00000 050 00 Wisconsin Department of Corrections

(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, 2013, and December 31, 2013.

- 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 "zero," mark the box (X) provided.

Substantiated incidents of sexual violence:

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

Returning forms:

- If you need assistance, please call Greta Clark at the U.S. Census Bureau toll–free at 1–800–253–2078, or e-mail govs.ssv@census.gov
- Please return your completed questionnaire and substantiated incident forms by September 1, 2014.
- You may complete these forms online (see enclosed instructions.) Or if you prefer, you may return these forms by mail or fax.
- 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). 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 unwanted 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.

01 X Yes→ a	a. Do you reco occurrence ones?		orted substantiated
	01 X All		
	02 Substant	iated only	
	or only co	ENSUAL S mpleted o	SEXUAL ACTS nes?
	01 ☐ Both a	ttempted and	d completed
: ! :	Please provide the State prison syste NONCONSENSU space below. Use Items 2 and 3.	e definition u m for inmate AL SEXUAL	e-on-inmate ACTS in the
Between Ja	anuary 1, 2013	. and Dece	ember 31, 2013
how many a	allegations of i	nmate-on-	inmate
_	ported	100	_ □ None
_	ation involved mul		140110
If an allegation count only	ation involved mul once. ny allegations that	tiple victimiz	ations,
 If an allegate count only Exclude an consensual Of the allegmany were responsible for 	ation involved mul once. ny allegations that	tiple victimiz were report ed in Item ct the agency legations of	ations, ed as 2, how y or office sexual
If an allegation count only Exclude an consensua Of the allegmany were responsible for victimization in the second country of the second country	ation involved mulonce. ny allegations that al. gations reported and the contact of the contact in the contac	were reported in Item ct the agency legations of amplete this in	ations, ed as 2, how by or office sexual form.)
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4. Does your State prison syste allegations of inmate-on-inm SEXUAL CONTACT? (See defined)	ate ABUSIVE	7. Does your State prison system record allegations of inmate-on-inmate SEXUAL HARASSMENT? (See definitions on page 2.)			
of X Yes → Can these be could allegations of NOI SEXUAL ACTS?	nted separately from NCONSENSUAL	01 X Yes → Do you record all reported allegations or only substantiated ones?			
01 X Yes 02 □ No → Skip to Item	7.	01 ☒ All 02 ☐ Substantiated only			
02 ☐ No → Please provide an exp	planation in the space	02 No → Please provide an explanation in the space below and then skip to Section II.			
5. Between January 1, 2013, an how many allegations of inm ABUSIVE SEXUAL CONTACT	ate-on-inmate	8. Between January 1, 2013, a how many allegations of in SEXUAL HARASSMENT we	mate-on-inmate		
Number reported		Number reported If an allegation involved multip inmate perpetrators, count onl	le victims or		
 Exclude any allegations that were consensual. 	re reported as	 Exclude any allegations that w consensual. 	vere reported as		
6. Of the allegations reported in many were — (Please contact the responsible for investigating allegativictimization in order to fully complete.)	e agency or office tions of sexual	9. Of the allegations reported many were — (Please contact responsible for investigating alleg victimization in order to fully com	the agency or office gations of sexual		
a. Substantiated	31 None	a. Substantiated	None		
b. Unsubstantiated	34 □ None	b. Unsubstantiated	□ None		
c. Unfounded	28 □ None	c. Unfounded	None		
d. Investigation ongoing	7 □ None	d. Investigation ongoing .	11 None		
e. TOTAL (Sum of Items 6a through 6d)	100 None	e. TOTAL (Sum of Items 9a through 9d)			
The total should equal the null tem 5.	ımber reported in	The total should equal the ltem 8.	number reported in		

SECTION II – STAFF-ONINMATE 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 statements, 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.

	01 X Yes → Do you record all occurrences, or ones?		MISCONDUCT?			
	01 X All					
	02 Substantiated	only				
	02 ☐ No → Please provide an ex below and then skip	oplanation i to Item 13.	n the space			
11.	Between January 1, 2013, a December 31, 2013, how mo STAFF SEXUAL MISCONDU	any alleg	ations of reported?			
	Number reported	133	□None			
	If an allegation involved multip count only once.					
12.	Of the allegations reported many were — (Please contact responsible for investigating alleg victimization in order to fully compared to the co	the agency ations of se	or office exual			
			,			
	a. Substantiated	4	. None			
	a. Substantiated	4				
	a. Substantiated b. Unsubstantiated	26				
		26	. □ None			
			. □ None			
	b. Unsubstantiated	26	None None			
	b. Unsubstantiated	26	None None			
	b. Unsubstantiated	26	None None None			
	b. Unsubstantiated	26 82 21	None None None None None			
	b. Unsubstantiated c. Unfounded d. Investigation ongoing . e. TOTAL (Sum of Items 12a through 12d)	26 82 21	None None None None None			
	b. Unsubstantiated	26 82 21	None None None None None			

10. Does your State prison system record

 13. Does your State prison system record allegations of STAFF SEXUAL HARASSMENT? (See definitions on page 4.) ○1 X Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT? ○1 X Yes ○2 No → Skip to Item 16. ○2 No → Please provide an explanation in the space below and then skip to Item 16. 	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? 11 Yes 12 X 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? 11 Yes 12 X 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			
14. Between January 1, 2013, and December 31, 2013, how many allegations of STAFF SEXUAL HARASSMENT were reported?	→ Please complete an Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.			
Number reported None	NOTES			
 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 10 None				
b. Unsubstantiated <u>15</u> None				
c. Unfounded				
u. Investigation originis None				
e. TOTAL (Sum of Items 15a through 15d)				