					ON	IB No		Approval Expires 6/30/	
FORM <b>SSV-4</b> (5-18-2016)	A DE LOS AUTOR HUNDER		)F SEXUAL \ her Correction Summai	onal Fac	-	15	BUR ANI U	EPARTMENT OF JUS EAU OF JUSTICE STATIS ACTING AS COLLECTION A .S. DEPT. OF COMME onomics and Statistics Adminis U.S. CENSUS BU	STICS AGENT ERCE stration
DATA SUPPLIED BY									
Name				Title					
	Jacob S.	Pruis		Comp	liance Admir	nistr	ator/PREA	Compliance Mana	ager
OFFICIAL ADDRESS	Number and s	street or P.O. Box 1000 Van Nu			City New Cast	tle	State IN	ZIP Code 47362	
TELEPHONE	Area code 765	Number 593	-0111 x 2048		FAX NUMBER		Area Code 765	Number 593-6770	)
E-MAIL ADDRESS	jpruis@geog	roup.com							

New Castle Correctional Facility The GEO Group, Inc. 1000 Van Nuys Road New Castle, IN 47362

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

## What facilities are included in this data collection?

- MULTI-JURISDICTIONAL FACILITIES: Facilities including detention centers, jails, community-based facilities, and other correctional facilities administered by two or more governments (or a board composed of representatives from two or more governments) that are intended for adults but sometimes hold juveniles.
- 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.
- 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, 2015, and December 31, 2015.

- 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" or 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 1–888–369–3613, option 2, or e-mail govs.ssv@census.gov
- Please return your completed summary and substantiated incident forms by August 15, 2016.
- 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) 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	INFORMA	TIC	ON	Section II – INMATE-ON-INMATE SEXUAL VICTIMIZATION				
1. How many persons under the supervision of your facility were—					DEFINITIONS			
a. CONFINED on December	31, 2015	?		The survey utilizes the definition of "sexual abuse" as provided by 28 C.F.R. §115.6 in the <i>National Standards to</i>				
<ul> <li>INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.</li> </ul>					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:			
<ul> <li>INCLUDE persons out to jurisdiction.</li> </ul>	court while	e un	der your		NONCONSENSUAL SEXUAL ACTS			
<ul> <li>INCLUDE persons held for</li> </ul>	or other juri	isdio	ctions.		Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse;			
<ul> <li>EXCLUDE inmates on AV long-term transfer to oth</li> </ul>	VOL, escapo er jurisdicti	e, o ons	r		AND			
<ul> <li>EXCLUDE all persons in non-residential community-based programs run by your facility (e.g., electronic monitoring, house arrest,</li> </ul>					<ul> <li>Contact between the penis and the vulva or the penis and the anus including penetration, however slight;</li> <li>OR</li> </ul>			
community service, day programs).	reporting, v	vork	< C					
	Male Female			<ul> <li>Contact between the mouth and the penis, vulva, or anus;</li> </ul>				
Inmates on December 31, 2015	3169	v	0	~	OR			
b. ADMITTED to your facilit	ty during 2	201	5?		<ul> <li>Penetration of the anal or genital opening of another person however slight, by a hand, finger, object, or other instrument.</li> </ul>			
<ul> <li>INCLUDE new admissions officially booked into and h formal legal document and courts or some other officia</li> </ul>	oused in yo by the auth	ur fa	acilities by	ABUSIVE SEXUAL CONTACT Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse;				
<ul> <li>INCLUDE repeat offenders</li> </ul>	booked on	nev	v charges.		AND			
<ul> <li>EXCLUDE returns from escape, work release, medical appointments/treatment facilities, and bail or court appearances.</li> </ul>					<ul> <li>Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.</li> </ul>			
	Male	Male			EXCLUDE incidents in which the contact was incidental			
New admissions during 2015			~	to a physical altercation.				
<ol> <li>Between January 1, 2015, and December 31, 2015, what was the average daily population of your confinement facility?</li> </ol>					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.			
<ul> <li>To calculate the average daily population, add the number of persons for each day during the period January 1, 2015, through December 31, 2015, and divide the result by 365.</li> </ul>								
	Male		Female					
Average daily population	3168	~	0	~				

<ul> <li>3. Does your facility record allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS? (See definitions on page 2.)</li> <li>01 ✓ Yes → a. Do you record all reported occurrences, or only substantiated ones?</li> <li>01 ✓ All</li> <li>02 Substantiated only</li> <li>b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones?</li> <li>01 ✓ Both attempted and completed</li> <li>02 Completed only</li> <li>02 No → Please provide the definition used by your facility for inmate-on-inmate NONCONSENSUAL SEXUAL SEXUAL ACTS in the space below. Use that definition to complete ltems 4 and 5.</li> </ul>	<ul> <li>6. Does your facility record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT? (See definitions on page 2.)</li> <li>01 ✓ Yes → Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?</li> <li>01 ✓ Yes</li> <li>02 ○ No → Skip to Item 9.</li> <li>02 ○ No → Please provide an explanation in the space below and then skip to Item 9.</li> </ul>
4. Between January 1, 2015, and December 31, 2015, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?	7. Between January 1, 2015, and December 31, 2015, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported?
Number reported       6         • If an allegation involved multiple victimizations, count only once.       • Exclude any allegations that were reported as consensual.         • Exclude any allegations that were reported as consensual.         • 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.)	<ul> <li>Number reported</li> <li>If an allegation involved multiple victimizations, count only once.</li> <li>Exclude any allegations that were reported as consensual.</li> <li>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.)</li> </ul>
<ul> <li>a. Substantiated</li> <li>The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).</li> </ul>	<b>a. Substantiated</b> <u>1</u> None
<b>b. Unsubstantiated</b>	<b>b. Unsubstantiated</b> 2 None
<ul> <li>The investigation concluded that evidence was insufficient to determine whether or not the event occurred.</li> <li>c. Unfounded</li></ul>	<b>c. Unfounded</b> 1 None
<ul> <li>The investigation determined that the event did NOT occur.</li> <li>d. Investigation ongoing</li> <li>Evidence is still being gathered, processed or evaluated,</li> </ul>	<b>d. Investigation ongoing</b> . 6 None
and a final determination has not yet been made. <b>e. TOTAL</b> (Sum of Items 5a through 5d)	<ul> <li>e. TOTAL (Sum of Items 8a through 8d)</li></ul>
The total should equal the number reported in Item 4.	
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9. Does your facility record allegations of	Section III – STAFF-ON-INMATE SEXUAL ABUSE				
<b>inmate-on-inmate SEXUAL HARASSMENT?</b> (See definitions on page 2.)	DEFINITIONS				
<ul> <li>O1 ♥ Yes → Do you record all reported allegations or only substantiated ones?</li> <li>O1 ♥ All</li> <li>O2 ■ No → Please provide an explanation in the space below and then skip to Section III.</li> </ul>	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 <i>National Standards to Prevent, Detect, and</i> <i>Respond to Prison Rape</i> (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: <b>STAFF SEXUAL MISCONDUCT</b>				
	Any behavior or act of a 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—				
	<ul> <li>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;</li> </ul>				
	OR				
10. Between January 1, 2015, and	<ul> <li>Completed, attempted, threatened, or requested sexual acts;</li> <li>OR</li> </ul>				
December 31, 2015, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?	<ul> <li>Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reason unrelated to official duties or for sexual gratification.</li> </ul>				
Number reported 24	STAFF SEXUAL HARASSMENT				
<ul> <li>If an allegation involved multiple victims or inmate perpetrators, count only once.</li> <li>Exclude any allegations that were reported as consensual.</li> </ul>	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—				
<b>11. Of the allegations reported in Item 10, how</b> <b>many were</b> — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)	<ul> <li>Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing;</li> </ul> OR				
	<ul> <li>Repeated profane or obscene language or gestures.</li> </ul>				
a. Substantiated 1 None					
<b>b. Unsubstantiated</b> <u>6</u> None					
<b>c. Unfounded</b> <u>1</u> None					
<b>d. Investigation ongoing</b> 16 None					
<ul> <li>e. TOTAL (Sum of Items 11a through 11d) 24 None</li> <li>The total should equal the number reported in Item 10.</li> </ul>					

<ul> <li>12. Does your facility record allegations of STAFF SEXUAL MISCONDUCT? (See definitions on page 4.)</li> <li>o1 ♥ Yes → Do you record all reported occurrences, or only substantiated ones?</li> <li>o1 ♥ All</li> <li>o2 Substantiated only</li> <li>o2 No → Please provide an explanation in the space below and then skip to Item 15.</li> </ul>	<ul> <li>15. Does your facility record allegations of STAFF SEXUAL HARASSMENT? (See definitions on page 4.)</li> <li>01 ♥ Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT?</li> <li>01 ♥ Yes</li> <li>02 No → Skip to Item 18.</li> <li>02 No → Please provide an explanation in the space below and skip to Item 18.</li> </ul>
13. Between January 1, 2015, and December 31, 2015, how many allegations of STAFF SEXUAL MISCONDUCT were reported? Number reported	16. Between January 1, 2015, and December 31, 2015, how many allegations of STAFF SEXUAL HARASSMENT were reported?         Number reported       24         None
<ul> <li>If an allegation involved multiple victimizations, count only once.</li> <li>14. Of the allegations reported in Item 13, how many were — (Please contact the agency or office responsible for investigation allegations of sexual victimization in order to fully complete this form.)</li> </ul>	<ul> <li>If an allegation involved multiple victims or staff, count only once.</li> <li>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.)</li> </ul>
a. Substantiated 0 ⊻ None b. Unsubstantiated 5 □ None	a. Substantiated 2 None b. Unsubstantiated 14 None
<b>c. Unfounded</b>	<b>c. Unfounded</b>
<ul> <li>e. TOTAL (Sum of Items 14a through 14d)</li></ul>	<ul> <li>e. TOTAL (Sum of Items 17a through 17d)</li></ul>

Section IV – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION	NOTES
18. What is the total number of substantiated incidents reported in Items 5a, 8a, 11a, 14a, and 17a?	
Total substantiated 4 None	
→ Please complete an Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.	
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# **Clear Fields**

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**Print Form**