						OMB No		Approval Expires 09/30/2021
FORM <b>SSV</b> (9-25-2018)	-2	SURVEY OF SEXUAL VICTIMIZATION, 2017 State Prison Systems Summary Form						
	DATA SUPPLIED BY							
Name					Title			
Bryan Pears	on				Executiv	e Director of PF	REA Compli	ance
OFFICIAL	L	Number and	street or P.O.	Box/Route Number		City	State	ZIP Code
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# 1500000007000001500

Indiana Department of Correction

# 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, 2017, and December 31, 2017.

- 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.

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

- 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 govs.ssv@census.gov
- Please return your completed summary and substantiated incident forms by January 18, 2019.
- 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 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 X Both attempted and completed

42

21

15

6

None

None

None

02 Completed only

 $_{02}$  No  $\rightarrow$  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, 2017, and December 31, 2017, 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.)

0 None 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 42 None 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 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 7.</li> <li>02 No → Please provide an explanation in the space below and then skip to Item 7.</li> </ul>	<ul> <li>7. Does your State prison system record allegations of inmate-on-inmate SEXUAL HARASSMENT? (See definitions on page 2.)</li> <li>o1 X Yes → Do you record all reported allegations or only substantiated ones?</li> <li>o1 X All</li> <li>o2 Substantiated only</li> <li>o2 No → Please provide an explanation in the space below and then skip to Section II.</li> </ul>
5. Between January 1, 2017, and December 31, 2017, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported? Number reported 33 None	8. Between January 1, 2017, and December 31, 2017, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported? Number reported
<ul><li>If an allegation involved multiple victimizations, count only once.</li><li>Exclude any allegations that were reported as</li></ul>	<ul> <li>If an allegation involved multiple victims or inmate perpetrators, count only once.</li> <li>Exclude any allegations that were reported as</li> </ul>
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.)	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 13 None	a. Substantiated <u>5</u> None
<b>b. Unsubstantiated</b> 10 None	<b>b. Unsubstantiated</b> <u>31</u> None
c. Unfounded 10 None	c. Unfounded
<b>d. Investigation ongoing O</b> None	<b>d. Investigation ongoing</b> . 2 None
<ul> <li>e. TOTAL (Sum of Items 33 None</li> <li>The total should equal the number reported in Item 5.</li> </ul>	<ul> <li>e. TOTAL (Sum of Items 9a through 9d)</li></ul>

# 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?

### on ▼ Yes → Do you record all reported occurrences, or only substantiated ones?

01	X	All

02 Substantiated only

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

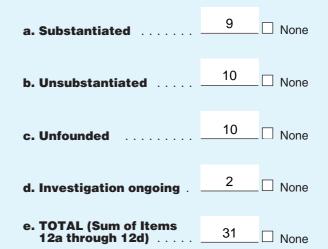
11. Between January 1, 2017, and December 31, 2017, how many allegations of STAFF SEXUAL MISCONDUCT were reported?

# Number reported ..... 31

 If an allegation involved multiple victimizations, count only once.

None

**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.*)



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

13.	Does your State prison syst allegations of STAFF SEXUA (See definitions on page 4.) 01 ▼ Yes → Can these allega separately from SEXUAL MISCOU 01 ▼ Yes 02 □ No → Skip to 02 □ No → Please provide an ex below and then skip	AL HARASSMENT? ations be counted allegations of STAFF NDUCT? Item 16. applanation in the space	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
14.	Between January 1, 2017, a	Ind	15a?         Total substantiated incidents         29         → Please complete a Substantiated Incident
	December 31, 2017, how ma of STAFF SEXUAL HARASSI reported?	any allegations	Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.
	Number reported	96 🗆 None	NOTES
	<ul> <li>If an allegation involved multipl count only once.</li> </ul>		
15.	<b>Of the allegations reported</b> <b>many were</b> — (Please contact responsible for investigating alleg victimization in order to fully comp	the agency or office gations of sexual	
	a. Substantiated	2 None	
	<b>b. Unsubstantiated</b>	57  _ None	
	c. Unfounded	37  None	
	d. Investigation ongoing	0 🗌 None	
	e. TOTAL (Sum of Items 15a through 15d)	96 🗌 None	
	<ul> <li>The total should equal the n Item 14.</li> </ul>	umber reported in	
	FORM SSV-2 (9-25-2018)	Pag	ge 5
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