FORM **SSV-2** (4-14-2020)



# **SURVEY OF SEXUAL VICTIMIZATION, 2019**

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

	USTICE	Sullilla	ry Form			
DATA SUPPLIED BY						
Name Bryan Pearson			Title Executiv	e Director of PR	REA Compli	ance
OFFICIAL ADDRESS	Number and	street or P.O. Box/Route Number 302 W. Washington Street		City Indianapolis	State IN	ZIP Code 46204
TELEPHONE (	Area code 812	Number 5268434		FAX NUMBER	Area Code	Number
E-MAIL ADDRESS		bpearson@idoc.in.gov				

15000000070000001500

**Indiana 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, 2019, and December 31, 2019.

- 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 (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 greta.b.clark@census.gov
- Please return your completed summary and substantiated incident forms by November 30, 2020.
- 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

1.

2.

3.

#### **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.

Does your State prison system record allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS?				
<sub>01</sub> <b>x</b> Yes → <b>a</b> .	Do you record occurrences, ones?			
	01 × AII			
	02 Substantiat	ed only		
t	o. Do you reco NONCONSE or only com	<b>NSUAL S</b>	EXUAL ACTS	
	01 Both atte	mpted and	completed	
	02 Complete	ed only		
Sta NC spa	ease provide the of ate prison system DNCONSENSUAL ace below. Use the ms 2 and 3.	for inmate. SEXUAL A	on-inmate ACTS in the	
Between January 1, 2019, and December 31, 2019, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?				
Number repo	rted	58	_ □ None	
If an allegation count only or	on involved multip	le victimiza	ations,	
<ul> <li>Exclude any consensual.</li> </ul>	allegations that w	ere reporte	ed as	
many were - responsible for	tions reported - (Please contact investigating alle, order to fully com	the agenc gations of s	y or office sexual	
a. Substantia	.tod	2	None	
The event have occur	was investigated irred, based on a (28 C.F.R. §115.7	prepondera	mined to	
b. Unsubstan	tiated	30	None	
	tigation concluded t to determine wh			
c. Unfounded	l	13	□ None	
The investoccur.	tigation determine	ed that the	event did NOT	
d. Investigati	on ongoing .	0	□ None	
Evidence	• •	ered, proce as not yet b	ssed or evaluated, been made.	
e. TOTAL (Su 3a through		58	□ None	
The total s	should equal the r	number ren	orted in Item 2	

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4.	Does your State prison sys allegations of inmate-on-in SEXUAL CONTACT? (See de	mate ABUSIVE	7. Does your State prison syst allegations of inmate-on-inr HARASSMENT? (See definition	nate SEXUAL
	01 ▼ Yes → Can these be co allegations of No SEXUAL ACTS?	unted separately from ONCONSENSUAL	01 ▼ Yes → Do you record al allegations or or ones?	l reported nly substantiated
	01   Yes 02 No → Skip to Ite	m 7.	01 ✗ All 02 ☐ Substantiated	only
	02 ☐ No → Please provide an e below and then skip	explanation in the space to Item 7.	02 ☐ No → Please provide an e. below and then skip	xplanation in the space to Section II.
	Between January 1, 2019, a how many allegations of in ABUSIVE SEXUAL CONTAC	mate-on-inmate	8. Between January 1, 2019, a how many allegations of in SEXUAL HARASSMENT we	nate-on-inmate
	Number reported  If an allegation involved multip count only once.	□ None le victimizations,	Number reported  If an allegation involved multip inmate perpetrators, count only	102 None le victims or y once.
	<ul> <li>Exclude any allegations that w consensual.</li> </ul>	ere reported as	<ul> <li>Exclude any allegations that w consensual.</li> </ul>	ere reported as
	Of the allegations reported many were — (Please contact responsible for investigating allegoid victimization in order to fully com	the agency or office gations 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
	a. Substantiated	5 \_ None	a. Substantiated	9 None
	b. Unsubstantiated	31 None	b. Unsubstantiated	
	c. Unfounded		c. Unfounded	36 None
	d. Investigation ongoing	None	d. Investigation ongoing .	0 None
	e. TOTAL (Sum of Items 6a through 6d)		e. TOTAL (Sum of Items 9a through 9d)	102 None
	The total should equal the Item 5.	number reported in	The total should equal the litem 8.	number reported in

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# **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;

#### ΩR

Repeated profane or obscene language or gestures.

10.	allegations of STAFF SEXUAL MISCONDUCT?		
	01 ▼ Yes → Do you record al occurrences, or ones?	l reported only subs	d stantiated
	01 🗷 All 02 □ Substantiated	only	
	02 ☐ No → Please provide an exbelow and then skip	cplanation i to Item 13.	in the space
11.	Between January 1, 2019, a December 31, 2019, how m STAFF SEXUAL MISCONDU	anv alleg	ations of reported?
	Number reported	62	None
	If an allegation involved multip count only once.	le victimiza	
12.	Of the allegations reported many were – (Please contact to responsible for investigating alleg victimization in order to fully com	he agency gations of s	or office exual
	a. Substantiated	17	□ None
	b. Unsubstantiated	22	.□ None
	c. Unfounded	22	. None
	d. Investigation ongoing	1	. None
	e. TOTAL (Sum of Items 12a through 12d)	62	. None
	<ul> <li>The total should equal the r Item 11.</li> </ul>	number rep	orted in

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13.	Does your State prison system record allegations of STAFF SEXUAL HARASSMENT?	Section III - PRIVATE AND LOCAL ALLEGATIONS
	(See definitions on page 4.)  101 ★ Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT?  101 ★ Yes 102 No → Skip to Item 16.  102 No → Please provide an explanation in the space below and then skip to Item 16.	16. Did any of the allegations reported in Items 2, 5, 8, 11, or 14 occur in a privately operated facility?  □1  Yes □2  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?  □1  Yes □2  No  Section IV - TOTAL SUBSTANTIATED
		18. What is the total number of substantiated incidents reported in Items 3a, 6a, 9a, 12a, and 15a?  Total substantiated
14.	Between January 1, 2019, and December 31, 2019, how many allegations of STAFF SEXUAL HARASSMENT were reported?	incidents
	Number reported	NOTES
	<ul> <li>If an allegation involved multiple victims or staff, count only once.</li> </ul>	
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	
	<b>b. Unsubstantiated</b>	
	<b>c. Unfounded</b>	
	<b>d. Investigation ongoing</b> 0 None	
	e. TOTAL (Sum of Items 15a through 15d) 44	
	The total should equal the number reported in Item 14.	
\		, <i>,</i>

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Save As

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**Print Form** 

**Clear Fields**