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?


• 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.

• If the answer to a question is "none" or "zero," mark the box (X) provided.

• When exact numeric answers are not available, provide estimates and mark (X) the box beside each figure.

Substantiated incidents of sexual violence:

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

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 16, 2011.

• If you prefer, you may also 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: 1–888–891–2099

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 INFORMATION

1. How many persons under the supervision of your facility were –

   a. CONFINED on December 31, 2010?
      • INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
      • INCLUDE persons out to court while under your jurisdiction.
      • INCLUDE persons held for other jurisdictions.
      • EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
      • EXCLUDE all persons in non-residential community-based programs run by your facility (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).

   Inmates on December 31, 2010
   
   Male Female
   
   b. ADMITTED to your facility during 2010?
      • INCLUDE new admissions only, i.e., persons officially booked into and housed in your facilities by formal legal document and by the authority of the courts or some other official agency.
      • INCLUDE repeat offenders booked on new charges.
      • EXCLUDE returns from escape, work release, medical appointments/treatment facilities, and bail or court appearances.

   New admissions during 2010
   
   Male Female
   

2. Between January 1, 2010, and December 31, 2010, what was the average daily population of your confinement facility?

   To calculate the average daily population, add the number of persons for each day during the period January 1, 2010, through December 31, 2010, and divide the result by 365.

   Average daily population

Section II – INMATE-ON-INMATE SEXUAL VIOLENCE

DEFINITIONS OF SEXUAL VIOLENCE

The definition of “rape” as required under the Prison Rape Elimination Act of 2003 will be operationalized by disaggregating sexual assault into two categories of inmate-on-inmate SEXUAL VIOLENCE. These categories reflect uniform definitions formulated by the National Center for Injury Prevention and Control, in "Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements," Centers for Disease Control and Prevention. The categories of inmate-on-inmate SEXUAL VIOLENCE are:

NONCONSENSUAL SEXUAL ACTS:

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 vagina or the penis and the anus including penetration, however slight;

   OR

   • Contact between the mouth and the penis, vagina, or anus;

   OR

   • Penetration of the anal or genital opening of another person by a hand, finger, or other object.

ABUSIVE SEXUAL CONTACTS:

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 intent of the sexual contact is to harm or debilitate rather than to sexually exploit.
### 3. Does your facility record allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS?

<table>
<thead>
<tr>
<th>Yes [ ]</th>
<th>No [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Do you record all reported occurrences, or only substantiated ones?</td>
<td></td>
</tr>
<tr>
<td>All [ ]</td>
<td>Substantiated only [ ]</td>
</tr>
<tr>
<td>b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones?</td>
<td></td>
</tr>
<tr>
<td>Both attempted and completed [ ]</td>
<td>Completed only [ ]</td>
</tr>
<tr>
<td>02 [ ] No, Please provide the definition used by your facility for inmate-on-inmate NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 4 and 5.</td>
<td></td>
</tr>
</tbody>
</table>

### 4. Between January 1, 2010, and December 31, 2010, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?

<table>
<thead>
<tr>
<th>Number reported</th>
<th>None [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>If an allegation involved multiple victimizations, count only once.</td>
<td></td>
</tr>
</tbody>
</table>

### 5. Of the allegations reported in Item 4, how many were — (Please contact the agency or office responsible for investigating allegations of sexual violence in order to fully complete this form.)

<table>
<thead>
<tr>
<th>a. Substantiated</th>
<th>None [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>The event was investigated and determined to have occurred.</td>
<td></td>
</tr>
<tr>
<td>b. Unsubstantiated</td>
<td>None [ ]</td>
</tr>
<tr>
<td>Evidence was insufficient to make a final determination that the event occurred.</td>
<td></td>
</tr>
<tr>
<td>c. Unfounded</td>
<td>None [ ]</td>
</tr>
<tr>
<td>The event was determined NOT to have occurred.</td>
<td></td>
</tr>
<tr>
<td>d. Investigation ongoing</td>
<td>None [ ]</td>
</tr>
<tr>
<td>A final determination has not yet been made as to whether the event occurred.</td>
<td></td>
</tr>
<tr>
<td>e. TOTAL (Sum of Items 5a through 5d)</td>
<td>None [ ]</td>
</tr>
</tbody>
</table>

### 6. Does your facility record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACTS? (See definitions on page 2.)

<table>
<thead>
<tr>
<th>Yes [ ]</th>
<th>No [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?</td>
<td></td>
</tr>
<tr>
<td>01 [ ] Yes</td>
<td></td>
</tr>
<tr>
<td>02 [ ] No, Please provide an explanation in the space below and then skip to Item 9.</td>
<td></td>
</tr>
</tbody>
</table>

### 7. Between January 1, 2010, and December 31, 2010, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACTS were reported?

<table>
<thead>
<tr>
<th>Number reported</th>
<th>None [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>If an allegation involved multiple victimizations, count only once.</td>
<td></td>
</tr>
</tbody>
</table>

### 8. Of the allegations reported in Item 7, how many were — (Please contact the agency or office responsible for investigating allegations of sexual violence in order to fully complete this form.)

<table>
<thead>
<tr>
<th>a. Substantiated</th>
<th>None [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Unsubstantiated</td>
<td>None [ ]</td>
</tr>
<tr>
<td>c. Unfounded</td>
<td>None [ ]</td>
</tr>
<tr>
<td>d. Investigation ongoing</td>
<td>None [ ]</td>
</tr>
<tr>
<td>e. TOTAL (Sum of Items 8a through 8d)</td>
<td>None [ ]</td>
</tr>
</tbody>
</table>
Section III – STAFF SEXUAL MISCONDUCT AND HARASSMENT

DEFINITION OF STAFF SEXUAL MISCONDUCT

The definition of STAFF SEXUAL MISCONDUCT is based on “Training for Investigators of Staff Sexual Misconduct,” prepared by the National Institute of Corrections. STAFF SEXUAL MISCONDUCT includes any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude inmate 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 including:

• Intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire;

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

• Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for sexual gratification.

DEFINITION OF STAFF SEXUAL HARASSMENT

The definition of STAFF SEXUAL HARASSMENT was also developed by the National Institute of Corrections. STAFF SEXUAL HARASSMENT includes repeated verbal statements or comments of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude inmate family, friends, or other visitors).

• Demeaning references to gender or derogatory comments about body or clothing;

• Repeated profane or obscene language or gestures.

9. Does your facility 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 12.

10. Between January 1, 2010, and December 31, 2010, how many allegations of STAFF SEXUAL MISCONDUCT were reported?

Number reported . . . . . . . . □ None

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

11. Of the allegations reported in Item 10, how many were — (Please contact the agency or office responsible for investigation allegations of sexual violence 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 11a through 11d) . . . . . . □ None

12. Does your facility record allegations of STAFF SEXUAL HARASSMENT?

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

01 ☐ Yes

02 ☐ No → Skip to Item 15.

02 ☐ No → Please provide an explanation in the space below and skip to Item 15.

13. Between January 1, 2010, and December 31, 2010, how many allegations of STAFF SEXUAL HARASSMENT were reported?

Number reported . . . . . . . □ None

• If an allegation involved multiple victims or staff, count only once.
14. Of the allegations reported in Item 13, how many were — (Please contact the agency or office responsible for investigating allegations of sexual violence in order to fully complete this form.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Substantiated</td>
<td>None</td>
</tr>
<tr>
<td>b. Unsubstantiated</td>
<td>None</td>
</tr>
<tr>
<td>c. Unfounded</td>
<td>None</td>
</tr>
<tr>
<td>d. Investigation ongoing</td>
<td>None</td>
</tr>
<tr>
<td>e. TOTAL (Sum of Items 14a through 14d)</td>
<td>None</td>
</tr>
</tbody>
</table>

15. What is the total number of substantiated incidents reported in Items 5a, 8a, 11a, and 14a?

Total substantiated incidents

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