

FORM **SSV-3**  
(5-7-2015)**SURVEY OF SEXUAL VICTIMIZATION, 2014****Local Jail Jurisdictions  
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**DATA SUPPLIED BY**

Name <i>Floyd Hunt</i>		Title <i>Captain</i>	
OFFICIAL ADDRESS	Number and street or P.O. Box/Route Number <i>701 S Stone Rd</i>		City <i>Wichita</i>
			State <i>Ks</i>
		ZIP Code <i>67042</i>	
TELEPHONE	Area code <i>316</i>	Number <i>322-4163</i>	FAX NUMBER
		Number <i>320-7791</i>	
E-MAIL ADDRESS	<i>Fhunte.bucoks.com</i>		

KS004  
Gretassv2014!17 1 008 008 06 10000 000 00  
SEQ001-00232  
Butler County Sheriff's Office  
Capt. Floyd Hunt  
701 Southeast Stone Road  
El Dorado KS 67042

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

**What facilities are included in this data collection?**

All confinement facilities usually operated by a local law enforcement agency that are intended for adults but sometimes hold juveniles.

- INCLUDE all jails and city/county correctional centers that hold inmates beyond arraignment. Report on ALL inmates, including those held in separate holding or lockup areas within your facility.
- INCLUDE special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).

**EXCLUDE privately operated jails and facilities operated by two or more jurisdictions, i.e., multi-jurisdictional facilities. (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, 2014, and December 31, 2014.

- 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-3 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 () 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 14, 2015.**
- **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 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**

**Section II – INMATE-ON-INMATE SEXUAL VICTIMIZATION**

**1. How many persons under the supervision of your local jail jurisdiction were—**

**a. CONFINED in your jail facilities on December 31, 2014?**

- 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 persons housed in facilities operated by two or more jurisdictions or those held in privately-operated jails.
- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
- EXCLUDE all persons in non-residential community-based programs run by your jail (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).

	Male		Female
<b>Inmates on December 31, 2014</b> . . .	188	<input checked="" type="checkbox"/>	17
			<input checked="" type="checkbox"/>

**b. ADMITTED to your jail facilities during 2014?**

- 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.

	Male		Female
<b>New admissions during 2014</b> . . . . .	2685	<input checked="" type="checkbox"/>	763
			<input checked="" type="checkbox"/>

**2. Between January 1, 2014, and December 31, 2014, what was the average daily population of all jail confinement facilities operated by your jurisdiction?**

- To calculate the average daily population, add the number of persons for each day during the period January 1, 2014, through December 31, 2014, and divide the result by 365.

	Male		Female
<b>Average daily population</b> . . . . .	174	<input checked="" type="checkbox"/>	20
			<input checked="" type="checkbox"/>

**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.

**3. Does your local jail jurisdiction record allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS? (See definitions on page 2.)**

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  Both attempted and completed
- 02  Completed only

02  No → Please provide the definition used by your local jail jurisdiction for inmate-on-inmate NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 4 and 5.

**4. Between January 1, 2014, and December 31, 2014, 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.

**5. 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.)**

**a. Substantiated** .....  None

- The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).

**b. Unsubstantiated** .....  None

- The investigation concluded that evidence was insufficient to determine whether or not the event occurred.

**c. Unfounded** .....  None

- The investigation determined that the event did NOT occur.

**d. Investigation ongoing** .....  None

- Evidence is still being gathered, processed or evaluated, and a final determination has not yet been made.

**e. TOTAL** (Sum of Items 5a through 5d) .....  None

- The total should equal the number reported in Item 4.

**6. Does your local jail jurisdiction record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT? (See definitions on page 2.)**

01  Yes → **Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?**

- 01  Yes
- 02  No → Skip to Item 9.

02  No → Please provide an explanation in the space below and then skip to Item 9.

**7. Between January 1, 2014, and December 31, 2014, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported?**

Number reported ..... 4  None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

**8. 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.)**

**a. Substantiated** ..... 2  None

**b. Unsubstantiated** ..... 2  None

**c. Unfounded** .....  None

**d. Investigation ongoing** .....  None

**e. TOTAL** (Sum of Items 8a through 8d) ..... 4  None

- The total should equal the number reported in Item 7.

**9. Does your local jail jurisdiction record allegations of inmate-on-inmate SEXUAL HARASSMENT? (See definitions on page 2.)**

01  Yes → **Do you record all reported allegations or only substantiated ones?**

- 01  All
- 02  Substantiated only

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

**10. Between January 1, 2014, and December 31, 2014, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?**

**Number reported** ..... 3  None

- If an allegation involved multiple victims or inmate perpetrators, count only once.
- Exclude any allegations that were reported as consensual.

**11. Of the allegations reported in Item 10, how many were—**

**a. Substantiated** .....  None

**b. Unsubstantiated** ..... 1  None

**c. Unfounded** ..... 2  None

**d. Investigation ongoing** .....  None

**e. TOTAL** (Sum of Items 11a through 11d) ..... 3  None

- The total should equal the number reported in Item 10.

**Section III – 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 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—

- 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.

**12. Does your local jail jurisdiction record allegations of STAFF SEXUAL MISCONDUCT?**  
(See definitions on page 4.)

- 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 15.

**13. Between January 1, 2014, and December 31, 2014, how many allegations of STAFF SEXUAL MISCONDUCT were reported?**

Number reported ..... 6  None

- If an allegation involved multiple victimizations, or staff, count only once.

**14. Of the allegations reported in Item 10, 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 .....  None

b. Unsubstantiated ..... 4  None

c. Unfounded ..... 2  None

d. Investigation ongoing .....  None

e. TOTAL (Sum of Items 14a through 14d) .....  None

- The total should equal the number reported in Item 13.

**15. Does your local jail jurisdiction record allegations of STAFF SEXUAL HARASSMENT?**  
(See definitions on page 4.)

- 01  Yes → **Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT?**
- 01  Yes
  - 02  No → Skip to Item 18.
- 02  No → Please provide an explanation in the space below and then skip to Item 18.

**16. Between January 1, 2014, and December 31, 2014, how many allegations of STAFF SEXUAL HARASSMENT were reported?**

Number reported ..... 0  None

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

**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.)

a. Substantiated .....  None

b. Unsubstantiated .....  None

c. Unfounded .....  None

d. Investigation ongoing .....  None

e. TOTAL (Sum of Items 17a through 17d) .....  None

- The number should equal the number reported in Item 16.

**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 incidents** .....   2    None

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

**Clear Fields**

**Print Form**

**Save As**



**SURVEY OF SEXUAL VICTIMIZATION, 2014**  
Incident Form (Adult)

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

Incident Number 2 out of 2

**1. On what date did the incident occur?**  
(If more than one date, report the most recent.)

Month Day Year  
01 19 2014

**2. In what facility did the incident occur?**

Name  
Butler County Detention  
City/Place  
El Dorado, KS

**3. Where did the incident occur? (Mark (X)) all that apply.**

- 01 In the victim's cell or room (e.g., if the victim and perpetrator share a cell or room, count as the victim's cell)
- 02 In the perpetrator's cell or room
- 03 In a dormitory or other multiple housing unit
- 04 In a common area (e.g., shower, dayroom, bathroom)
- 05 In a temporary holding cell or intake area within the facility
- 06 In a program service area (e.g., commissary, kitchen, storage, laundry, cafeteria, workshop, hallway)
- 07 In an instructional area (e.g., classroom, school, library, conference room)
- 08 In a recreation area (e.g., yard, courtyard, gymnasium)
- 09 In a medical area (e.g., infirmary, health clinic)
- 10 In a staff area (e.g., office, break room, counselor's office)
- 11 Offsite or while in transit
- 12 Other - Specify Multiple incidents of touching
- 13 Location unknown mainly in dayroom housing area

**4. Did the incident take place in an area subject to video monitoring?**

- 01 Yes
- 02 No
- 03 Don't know

**5. What time did the incident occur?**  
(Mark (X)) all that apply.)

- 01 Morning (6 a.m. to noon)
- 02 Afternoon (noon to 6 p.m.)
- 03 Evening (6 p.m. to midnight)
- 04 Overnight (midnight to 6 a.m.)
- 05 Time unknown

**6. How many victims were involved in the incident?**

Number of victims 4

→ If more than two victims were involved, report their characteristics in Notes on page 5.

**7. Victim #1: What was the victim's gender?**  
(See definitions on page 5.)

- 01 Male
- 02 Female
- 03 Transgender
- 04 Intersex

**8. Victim #1: What was the victim's age at the time of the incident?**

- 01 Under age 18
- 02 18 - 24
- 03 25 - 29
- 04 30 - 34
- 05 35 - 39
- 06 40 - 44
- 07 45 - 54
- 08 55 or older

**9. Victim #1: What was the victim's race/ethnic origin?**  
(Mark (X)) all that apply.)

- 01 White (not of Hispanic origin)
- 02 Black (not of Hispanic origin)
- 03 Hispanic or Latino
- 04 American Indian/Alaska Native (not of Hispanic origin)
- 05 Asian (not of Hispanic origin)
- 06 Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07 Other racial category in your information system - Specify z

**10. Victim #2: What was the victim's gender?**  
(See definitions on page 5.)

- 01 Male
- 02 Female
- 03 Transgender
- 04 Intersex

**11. Victim #2: What was the victim's age at the time of the incident?**

- 01 Under age 18
- 02 18 - 24
- 03 25 - 29
- 04 30 - 34
- 05 35 - 39
- 06 40 - 44
- 07 45 - 54
- 08 55 or older

**Burden Statement**

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**12. Victim #2: What was the victim's race/ethnic origin?**  
(Mark (X) all that apply.)

- 01  White (not of Hispanic origin)
- 02  Black (not of Hispanic origin)
- 03  Hispanic or Latino
- 04  American Indian/Alaska Native (not of Hispanic origin)
- 05  Asian (not of Hispanic origin)
- 06  Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07  Other racial category in your information system - Specify

**13. Did the victim(s) sustain any physical injury during the incident?**

02  No (No injury sustained)

01  Yes → a. What injuries occurred?

(Mark (X) all that apply for all victims.)

- 01  Knife or stab wounds
- 02  Broken bones
- 03  Anal or vaginal tearing
- 04  Chipped or knocked out teeth
- 05  Internal injuries
- 06  Knocked unconscious
- 07  Bruises, black eye, sprains, cuts, scratches, swelling, welts
- 08  Other - Specify

→ b. Did the victim(s) receive medical treatment for these injuries?

- 01  Yes
- 02  No

**14. Who reported the incident?**  
(Mark (X) all that apply.)

- 01  Victim
- 02  Another inmate (non-victim)
- 03  Victim's family or friend
- 04  Correctional officer or front line staff
- 05  Administrative staff
- 06  Medical, healthcare, or mental health staff
- 07  Instructor, teacher, or counselor
- 08  Other staff (e.g., kitchen worker, maintenance staff)
- 09  Chaplain or other religion official
- 10  Perpetrator
- 11  Perpetrator's family or friend
- 12  Grievance coordinator, grievance process, or ombudsperson
- 13  Attorney or legal guardian (e.g., other than family member)
- 14  Confidential informant, anonymous tip, hot line, or through monitoring (e.g., camera, telephone, or mail)
- 15  Other - Specify

**15. After the incident was reported, was the victim(s) - (Mark (X) all that apply for all victims.)**

- 01  Given a medical examination
- 02  Administered a rape kit
- 03  Tested for HIV/AIDS
- 04  Tested for other sexually transmitted diseases
- 05  Provided with counseling or mental health treatment
- 06  Offered but declined testing or treatment
- 07  Already released/discharged Some Released
- 08  None of the above

**16. After the incident was reported, was the victim(s) - (Mark (X) all that apply for all victims.)**

- 01  Placed in or returned to administrative segregation, protective custody, or disciplinary segregation
- 02  Placed in a medical unit, ward, or hospital
- 03  Confined to own cell or room
- 04  Given a higher custody level or different unit within the facility
- 05  Transferred to another facility
- 06  Transferred to another housing unit or dorm, or given a single room or cell
- 07  Separated from perpetrator
- 08  Issued disciplinary report or loss of privileges
- 09  Placed in camera room, under closer surveillance, or increased supervision
- 10  Other - Specify

11  None of the above

**17. What type of sexual violence was involved in the incident? (See definitions on page 5.)**

- 01  Inmate-on-inmate nonconsensual sexual act → Complete Section A
- 02  Inmate-on-inmate abusive sexual contact → Complete Section A
- 03  Inmate-on-inmate sexual harassment → Complete Section A
- 04  Staff sexual misconduct → Complete Section B
- 05  Staff sexual harassment → Complete Section B

**Section A - INMATE-ON-INMATE SEXUAL VICTIMIZATION**

**18. How many perpetrators were involved in the incident?**

Number of perpetrators . . .   1  

→ If more than two perpetrators were involved, report their characteristics in Notes on page 5.





**SURVEY OF SEXUAL VICTIMIZATION, 2014**

Incident Form (Adult)

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

Incident Number 1 out of 2

**1. On what date did the incident occur?**  
(If more than one date, report the most recent.)

Month Day Year  
02 24 2014

**2. In what facility did the incident occur?**

Name  
Butler County Detention  
City/Place  
Eldorado

**3. Where did the incident occur? (Mark (X) all that apply.)**

- 01 In the victim's cell or room (e.g., if the victim and perpetrator share a cell or room, count as the victim's cell)
- 02 In the perpetrator's cell or room
- 03 In a dormitory or other multiple housing unit
- 04 In a common area (e.g., shower, dayroom, bathroom)
- 05 In a temporary holding cell or intake area within the facility
- 06 In a program service area (e.g., commissary, kitchen, storage, laundry, cafeteria, workshop, hallway)
- 07 In an instructional area (e.g., classroom, school, library, conference room)
- 08 In a recreation area (e.g., yard, courtyard, gymnasium)
- 09 In a medical area (e.g., infirmary, health clinic)
- 10 In a staff area (e.g., office, break room, counselor's office)
- 11 Offsite or while in transit
- 12 Other - Specify \_\_\_\_\_
- 13 Location unknown

**4. Did the incident take place in an area subject to video monitoring?**

- 01 Yes
- 02 No
- 03 Don't know

**5. What time did the incident occur?**  
(Mark (X) all that apply.)

- 01 Morning (6 a.m. to noon)
- 02 Afternoon (noon to 6 p.m.)
- 03 Evening (6 p.m. to midnight)
- 04 Overnight (midnight to 6 a.m.)
- 05 Time unknown

**6. How many victims were involved in the incident?**

Number of victims 1

→ If more than two victims were involved, report their characteristics in Notes on page 5.

**7. Victim #1: What was the victim's gender?**  
(See definitions on page 5.)

- 01  Male
- 02  Female
- 03  Transgender
- 04  Intersex

**8. Victim #1: What was the victim's age at the time of the incident?**

- 01  Under age 18
- 02  18 - 24
- 03  25 - 29
- 04  30 - 34
- 05  35 - 39
- 06  40 - 44
- 07  45 - 54
- 08  55 or older

**9. Victim #1: What was the victim's race/ethnic origin?**  
(Mark (X) all that apply.)

- 01 White (not of Hispanic origin)
- 02 Black (not of Hispanic origin)
- 03 Hispanic or Latino
- 04 American Indian/Alaska Native (not of Hispanic origin)
- 05 Asian (not of Hispanic origin)
- 06 Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07 Other racial category in your information system - Specify \_\_\_\_\_

**10. Victim #2: What was the victim's gender?**  
(See definitions on page 5.)

- 01  Male
- 02  Female
- 03  Transgender
- 04  Intersex

**11. Victim #2: What was the victim's age at the time of the incident?**

- 01  Under age 18
- 02  18 - 24
- 03  25 - 29
- 04  30 - 34
- 05  35 - 39
- 06  40 - 44
- 07  45 - 54
- 08  55 or older

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**12. Victim #2: What was the victim's race/ethnic origin?**  
(Mark (X) all that apply.)

- 01  White (not of Hispanic origin)
- 02  Black (not of Hispanic origin)
- 03  Hispanic or Latino
- 04  American Indian/Alaska Native (not of Hispanic origin)
- 05  Asian (not of Hispanic origin)
- 06  Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07  Other racial category in your information system - Specify

**13. Did the victim(s) sustain any physical injury during the incident?**

- 02  No (No injury sustained)
- 01  Yes → a. **What injuries occurred?**  
(Mark (X) all that apply for all victims.)

- 01  Knife or stab wounds
- 02  Broken bones
- 03  Anal or vaginal tearing
- 04  Chipped or knocked out teeth
- 05  Internal injuries
- 06  Knocked unconscious
- 07  Bruises, black eye, sprains, cuts, scratches, swelling, welts
- 08  Other - Specify

→ b. **Did the victim(s) receive medical treatment for these injuries?**

- 01  Yes
- 02  No

**14. Who reported the incident?**  
(Mark (X) all that apply.)

- 01  Victim
- 02  Another inmate (non-victim)
- 03  Victim's family or friend
- 04  Correctional officer or front line staff
- 05  Administrative staff
- 06  Medical, healthcare, or mental health staff
- 07  Instructor, teacher, or counselor
- 08  Other staff (e.g., kitchen worker, maintenance staff)
- 09  Chaplain or other religion official
- 10  Perpetrator
- 11  Perpetrator's family or friend
- 12  Grievance coordinator, grievance process, or ombudsperson
- 13  Attorney or legal guardian (e.g., other than family member)
- 14  Confidential informant, anonymous tip, hot line, or through monitoring (e.g., camera, telephone, or mail)
- 15  Other - Specify

**15. After the incident was reported, was the victim(s) - (Mark (X) all that apply for all victims.)**

- 01  Given a medical examination
- 02  Administered a rape kit
- 03  Tested for HIV/AIDS
- 04  Tested for other sexually transmitted diseases
- 05  Provided with counseling or mental health treatment
- 06  Offered but declined testing or treatment
- 07  Already released/discharged
- 08  None of the above

**16. After the incident was reported, was the victim(s) - (Mark (X) all that apply for all victims.)**

- 01  Placed in or returned to administrative segregation, protective custody, or disciplinary segregation
- 02  Placed in a medical unit, ward, or hospital
- 03  Confined to own cell or room
- 04  Given a higher custody level or different unit within the facility
- 05  Transferred to another facility
- 06  Transferred to another housing unit or dorm, or given a single room or cell
- 07  Separated from perpetrator
- 08  Issued disciplinary report or loss of privileges
- 09  Placed in camera room, under closer surveillance, or increased supervision
- 10  Other - Specify

- 11  None of the above

**17. What type of sexual violence was involved in the incident? (See definitions on page 5.)**

- 01  Inmate-on-inmate nonconsensual sexual act → Complete Section A
- 02  Inmate-on-inmate abusive sexual contact → Complete Section A
- 03  Inmate-on-inmate sexual harassment → Complete Section A
- 04  Staff sexual misconduct → Complete Section B
- 05  Staff sexual harassment → Complete Section B

**Section A - INMATE-ON-INMATE SEXUAL VICTIMIZATION**

**18. How many perpetrators were involved in the incident?**

Number of perpetrators . . .   1  

→ If more than two perpetrators were involved, report their characteristics in Notes on page 5.



**Section B – STAFF-ON-INMATE SEXUAL ABUSE**

**28. What was the nature of the incident?**  
(Mark  all that apply.)

- 01  Physical force resulting in a nonconsensual sexual act
- 02  Pressure or abuse of power resulting in a nonconsensual sexual act
- 03  Indecent exposure, invasion of privacy, or voyeurism for sexual gratification
- 04  Unwanted touching for sexual gratification
- 05  Sexual harassment or repeated verbal statements of a sexual nature by staff
- 06  Wrote letters, showed pictures, or offered gifts or special privileges to inmate
- 07  Sexual relationship between inmate and staff that appeared to be willing
- 08  Other – Specify

09  Level of coercion unknown

**29. How many staff were involved in the incident?**

Number of staff . . . \_\_\_\_\_

→ If more than two staff were involved, report their characteristics in Notes on page 5.

**30. Staff #1: What was the gender of the staff?**

- 01  Male
- 02  Female

**31. Staff #1: What was the age of the staff at the time of the incident?**

- 01  24 or younger
- 02  25 – 29
- 03  30 – 34
- 04  35 – 39
- 05  40 – 44
- 06  45 – 54
- 07  55 or older

**32. Staff #1: What was the race/ethnic origin of the staff involved in the incident?**  
(Mark  all that apply.)

- 01  White (not of Hispanic origin)
- 02  Black (not of Hispanic origin)
- 03  Hispanic or Latino
- 04  American Indian/Alaska Native (not of Hispanic origin)
- 05  Asian (not of Hispanic origin)
- 06  Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07  Other racial category in your information system – Specify

**33. Staff #2: What was the gender of the staff?**

- 01  Male
- 02  Female

**34. Staff #2: What was the age of the staff at the time of the incident?**

- 01  24 or younger
- 02  25 – 29
- 03  30 – 34
- 04  35 – 39
- 05  40 – 44
- 06  45 – 54
- 07  55 or older

**35. Staff #2: What was the race/ethnic origin of the staff involved in the incident?**  
(Mark  all that apply.)

- 01  White (not of Hispanic origin)
- 02  Black (not of Hispanic origin)
- 03  Hispanic or Latino
- 04  American Indian/Alaska Native (not of Hispanic origin)
- 05  Asian (not of Hispanic origin)
- 06  Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07  Other racial category in your information system – Specify

**36. Was the staff involved in the incident an employee of the facility, a contractor, or a volunteer?**  
(Mark  all that apply for all staff involved.)

- 01  Full- or part-time paid employee
- 02  Contract employee or vendor
- 03  Volunteer or intern
- 04  Other – Specify

**37. What was the primary position description of the staff involved in the incident?**  
(Mark  all that apply for all staff involved.)

- 01  Administrator, including wardens, superintendents, assistants and others in administrative positions
- 02  Correctional officer or supervisory staff
- 03  Clerical staff including secretaries, clerks, receptionists, and other administrative support
- 04  Maintenance and other facility support staff, including groundskeepers, janitors, cooks, and drivers
- 05  Medical or health care staff, including counselors, doctors, dentists, psychologists, psychiatrists, social workers, nurses, and medical assistants
- 06  Education staff, including instructors, teachers, librarians, and education assistants
- 07  Other program staff
- 08  Volunteers or interns
- 09  Other staff – Specify

**38. What sanction was imposed on the staff?**  
(Mark (X) all that apply for all staff involved.)

- 01  Sent to training or counseling
- 02  Reprimanded or disciplined
- 03  Demoted, diminished responsibilities, or suspended temporarily
- 04  Transferred to another facility or unit
- 05  Arrested or referred to law enforcement agency
- 06  Referred for prosecution or indicted
- 07  Convicted, plead guilty, sentenced, or fined
- 08  Discharged, terminated, or contract not renewed
- 09  Staff resigned (prior to completion of investigation)
- 10  Staff resigned (after investigation was completed)
- 11  Other - Specify z

12  No action taken

**39. At the time of the incident, how long had the staff worked at the facility?**  
(Mark (X) all that apply for all staff involved.)

- 01  Less than 6 months
- 02  6 months to 1 year
- 03  1 to 5 years
- 04  5 to 10 years
- 05  More than 10 years

**NOTES**

Victim # 3  
Male  
25-29 age  
White (Not of Hispanic origin)

Victim # 4  
Male  
25-29 age  
White (Not of Hispanic origin)

**Definitions**

**Sexual victimization**

**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 (less severe):** 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 BY ANOTHER INMATE:** 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.

**STAFF SEXUAL MISCONDUCT:** 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—

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 (excludes 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.

**Gender categories**

**TRANSGENDER:** A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

**INTERSEX:** A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.