FORM SSV-2 (4-21-2016)



# SURVEY OF SEXUAL VICTIMIZATION, 2015

State Prison Systems
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

orrectional Lieutenant City State	ZIP Code
City State	ZIP Code
	ZIP Code
Montgomery AL	ZIP Code 36130
FAX Area Code 334	Number 3538922
	FAX Area Code

0100000007000000100

Alabama 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, 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 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 (☒) 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 September 1, 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): 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	Does your State prison system record     allegations of inmate-on-inmate		
PETINITIONS	NONCONSENSUAL SEXUAL ACTS?		
<u>DEFINITIONS</u>	01 ✓ Yes → a. Do you record all reported occurrences, or only substantiated		
The survey utilizes the definition of "sexual abuse" as provided by 28 C.F.R. §115.6 in the National Standards to	ones?		
Prevent, Detect, and Respond to Prison Rape (under the Prison Rape Elimination Act of 2003). For purposes of SSV,	01 ☑ All		
sexual abuse is disaggregated into three categories of inmate-on-inmate sexual victimization. These categories are:	02 ☐ Substantiated only		
NONCONSENSUAL SEXUAL ACTS	b. Do you record attempted NONCONSENSUAL SEXUAL ACTS		
Sexual contact of any person without his or her consent,	or only completed ones?		
or of a person who is unable to consent or refuse;	o₁ ✓ Both attempted and completed		
AND	o₂ ☐ Completed only		
<ul> <li>Contact between the penis and the vulva or the penis and the anus including penetration, however slight;</li> </ul>	02 ☐ No → Please provide the definition used by your State prison system for inmate-on-inmate		
OR	NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete		
<ul> <li>Contact between the mouth and the penis, vulva, or anus;</li> </ul>	Items 2 and 3.		
OR			
<ul> <li>Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.</li> </ul>			
ABUSIVE SEXUAL CONTACT	2. Between January 1, 2015, and December 31, 2015 how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?		
Sexual contact of any person without his or her consent,	NOROONSENOSAL SEASAL AS IS WELL TOPOLISM		
or of a person who is unable to consent or refuse;	Number reported 109 None		
AND	<ul> <li>If an allegation involved multiple victimizations, count only once.</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>	<ul> <li>Exclude any allegations that were reported as consensual.</li> </ul>		
	3. Of the allegations reported in Item 2, how many were — (Please contact the agency or office		
<ul> <li>EXCLUDE incidents in which the contact was incidental to a physical altercation.</li> </ul>	responsible for investigating allegations of sexual victimization in order to fully complete this form.)		
SEXUAL HARASSMENT			
Repeated and unwanted sexual advances, requests for	a. Substantiated 12 None		
sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.	<ul> <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. Unsubstantiated 46 None		
	The investigation concluded that evidence was insufficient to determine whether or not the event occurred.		
	9		
	• The investigation determined that the event did NOT		

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

109

□ None

☐ None

occur.

d. Investigation ongoing

e. TOTAL (Sum of Items 3a through 3d)

Page 2

4	allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT? (See definitions on page 2.)	allegations of inmate-on-inmate SEXUAL HARASSMENT? (See definitions on page 2.)			
	of ☑ Yes → Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?	of ✓ Yes → Do you record all reported allegations or only substantiated ones?			
	o₁ ☑ Yes	o₁☑ Ali			
	02 ☐ No → Skip to Item 7.	02 ☐ Substantiated only			
	02 ☐ No → Please provide an explanation in the space below and then skip to Item 7.	02 ☐ No → Please provide an explanation in the space below and then skip to Section II.			
5.	Between January 1, 2015, and December 31, 2015, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported?	8. Between January 1, 2015, and December 31, 2015, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?			
	Number reported	Number reported <u>132</u> ☐ None  If an allegation involved multiple victims or inmate perpetrators, count only once.			
	Exclude any allegations that were reported as consensual.	Exclude any allegations that were reported as 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.)		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	a. Substantiated			
	b. Unsubstantiated 25 None	<b>b. Unsubstantiated</b> 75 None			
	c. Unfounded 5 None	c. Unfounded 7 None			
	d. Investigation ongoing 34 None	d. Investigation ongoing . 47 None			
	e. TOTAL (Sum of Items 6a through 6d) 67 None	e. TOTAL (Sum of Items 9a through 9d)			
	<ul> <li>The total should equal the number reported in Item 5.</li> </ul>	<ul> <li>The total should equal the number reported in Item 8.</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;

Completed, attempted, threatened, or requested sexual acts;

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;

Repeated profane or obscene language or gestures.

0.		State prison s of STAFF SEUCT?		ord
	01 ☑ Yes →	Do you recor occurrences ones?	d all reporte , or only sul	ed ostantiated
		01 ☑ All 02 ☐ Substanti	ated only	
	02 □ No →	Please provide below and then		
1.	December	January 1, 20 r 31, 2015, ho	w many alle	egations of
		XUÁL MIŚCO	NDUCT wer	
	<ul> <li>If an alle count on</li> </ul>	gation involved r	e/re/20	_ ∐ None zations,
		ly onloo.		
2.	many wer	egations reported — (Please confor investigating in order to fully	ntact the agen allegations of	cy or office sexual

☐ None

☐ None

☐ None

12

23

b. Unsubstantiated .....

d. Investigation ongoing .

e. TOTAL (Sum of Items

c. Unfounded ...

13.	Does your State prison system record allegations of STAFF SEXUAL HARASSMENT?	Section III - PRIVATE AND LOCAL ALLEGATIONS
(See definitions on page 4.)  01 ✓ Yes → Can these allegations be counted separately from allegations of STAF		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
	01 ☑ Yes 02 ☑ No → Skip to Item 16.	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?
	02 ☐ No → Please provide an explanation in the space below and then skip to Item 16.	o1 ☑ Yes
		oa □ 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 15a?
		Total substantiated incidents 21 None
14.	Between January 1, 2015, and December 31, 2015, how many allegations of STAFF SEXUAL HARASSMENT were reported?	→ Please complete an Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.
	Number reported	NOTES
	If an allegation involved multiple victims or staff, count only once.	
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> 14 None	
	c. Unfounded 5 None	
	d. Investigation ongoing 5 None	
	e. TOTAL (Sum of Items 15a through 15d) 24 None	
	The total should equal the number reported in Item 14.	

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