				OMB No.		Approval Expires 06/30/2017	
FORM SSV-2 (5-8-2015)	State of the state	SURVEY OF SEXUAL State Priso Summa		•	BUF AN	DEPARTMENT OF JUSTICE IEAU OF JUSTICE STATISTICS D ACTING AS COLLECTION AGENT J.S. DEPT. OF COMMERCE conomics and Statistics Administration U.S. CENSUS BUREAU	
DATA SUPPLIED BY							
Name			Title				
Robert Flaherty			Chief, Data Analysis Division				
OFFICIAL ADDRESS	Number and	street or P.O. Box/Route Number		City Mechanicsburg	State PA	ZIP Code 17050	
TELEPHONE	Area code 717	Number 7284056			Area Code 17	Number 7284180	
E-MAIL ADDRESS	rflaherty@p	a.gov					

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Pennsylvania Department of Corrections

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. Please complete for each substantiated incidential for each substantial for each substanti

• EXCLUDE privately operated facilities and facilities operated and administered by local governments. (These facilities will be contacted directly for data on sexual victimization.)

What facilities are included in this data collection?

• 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, 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 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 (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 govs.ssv@census.gov
- Please return your completed summary and substantiated incident forms by September 1, 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 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 unwanted 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?

- $O1 \sim Yes \rightarrow a$. 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

93 🗌 None

2 None

None

□ None

None

23

4

93

02 Completed only

02 No → 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, 2014, and December 31, 2014, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?

Number reported

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

Unsubstantiated	64 🛛 None
 The investigation concluded insufficient to determine wh occurred. 	d that evidence was bether or not the event

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 3a through 3d)
 - The total should equal the number reported in Item 2.

h.

4. Does your State prison system record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT? (See definitions on page 2.)	7. Does your State prison system record allegations of inmate-on-inmate SEXUAL HARASSMENT? (See definitions on page 2.)		
on ^I Yes →Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?	OI ♥ Yes → Do you record all reported allegations or only substantiated ones?		
01	01 ✓ All 02 Substantiated only O2 <lio2 <ul=""> O2 O2 </lio2>		
02 □ No → Please provide an explanation in the space below and then skip to Item 7.	02		
5. Between January 1, 2014, and December 31, 2014, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported?	8. Between January 1, 2014, and December 31, 2014, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?		
 Number reported 63 None If an allegation involved multiple victimizations, count only once. 	 Number reported <u>96</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 13 None	a. Substantiated 19 🗆 None		
b. Unsubstantiated 35 None	b. Unsubstantiated 62 None		
c. Unfounded <u>15</u> None	c. Unfounded 15 None		
d. Investigation ongoing . 0 None	d. Investigation ongoing . 0 V None		
e. TOTAL (Sum of Items 63 None	 e. TOTAL (Sum of Items 9a through 9d)		
 The total should equal the number reported in Item 5. 	 The total should equal the humber reported in Item 8. 		

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 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.

10. Does your State prison system record allegations of STAFF SEXUAL **MISCONDUCT?**

of ✓ Yes → Do you record all reported occurrences, or only substantiated ones?

01 🖌 All

02 Substantiated only

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

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

Number reported

- 298 🗌 None • If an allegation involved multiple victimizations, count only once.
- 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.)
 - a. Substantiated 9 🗌 None 169 🗌 None b. Unsubstantiated 118 🗌 None c. Unfounded 2 🗌 None d. Investigation ongoing e. TOTAL (Sum of Items 298 🗌 None 12a through 12d)
 - The total should equal the number reported in Item 11

13. Does your State prison system allegations of STAFF SEXUAL H	record	Section III – PRIVATE AND LOCAL ALLEGATIONS		
 (See definitions on page 4.) O1 ♥ Yes → Can these allegation separately from allegation separately from allegation separately from allegation (SEXUAL MISCONDU) O1 ♥ Yes O2 □ No → Skip to Iter O2 □ No → Please provide an explar below and then skip to Iter 	ns be counted egations of STAFF JCT? n 16. nation in the space	 16. Did any of the allegations 5, 8, 11, or 14 occur in a prefacility? 01 Yes 02 No 17. Did any of the allegations 5, 8, 11, or 14 occur in a fare administered by local government of Yes 02 No Section IV - TOTAL SUINCIDENTS OF SEXUAL 18. What is the total number of the section is the section is the section is the total number of the section is the total number of the section is the s	rivately operated reported in Items 2, acility operated and ernments? BSTANTIATED VICTIMIZATION	
		incidents reported in Items 15a? Total substantiated incidents	<u> </u>	
14. Between January 1, 2014, and December 31, 2014, how many of STAFF SEXUAL HARASSMEN reported?	allegations NT were	→ Please complete an Incider SSV-IA) for each substantia sexual victimization.	nt Form (Adult, Ited incident of	
Number reported	200 🗌 None	NOTES		
If an allegation involved multiple vid count only once.				
15. Of the allegations reported in I many were — (Please contact the a responsible for investigating allegation victimization in order to fully complete	agency or office ns of sexual			
a. Substantiated	1 □ None			
b. Unsubstantiated	162 🗌 None			
c. Unfounded	36 🗌 _{None}			
d. Investigation ongoing	1 🗌 None			
e. TOTAL (Sum of Items 15a through 15d)	200 🗌 None			
 The total should equal the numb Item 14. 	per reported in			