				OMB N	o. 1121-0292:	Approval Expires 06/30/2017			
FORM SSV-2 (4-21-2016)	SURVEY OF SEXUAL VICTIMIZATION, 2015 State Prison Systems Summary Form								
		DATA SU	PPLIED B	Y					
Name			Title						
Julie Jones		Secretary							
OFFICIAL	Number and	Number and street or P.O. Box/Route Number City State ZIP Code							
ADDRESS	Tallahassee FL 32399								
TELEPHONE	Area code	Number		FAX	Area Code	Number			
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Florida Department of Corrections

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

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What facilities are included in this data collection?	Reporting instructions:			
All State-operated confinement facilities that are intended for	 Please complete the entire SSV-2 Form. 			
 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. 	 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) 			
• EXCLUDE privately operated facilities and facilities operated and administered by local governments. (These facilities will be contacted directly for data on sexual victimization.)	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			
 EXCLUDE facilities that hold only juveniles. (These facilities will be contacted directly for data on sexual victimization.) 	 Please return your completed summary and substantiated incident forms by September 1, 2016. 			
What inmates and incidents are included in this data collection?	• You may complete these forms online (see			
Inmates under your custody between January 1, 2015, and	enclosed instructions.) Or if you prefer, you may return these forms by mail or fax.			
December 31, 2015.	MAIL TO: U.S. Census Bureau, P.O. Box 5000,			
 INCLUDE incidents involving inmates under the authority, custody, or care of your confinement or 	Jeffersonville, IN 47199-5000			
community-based facilities or staff.	• FAX (TOLL FREE): 1–888–262–3974			
• EXCLUDE incidents involving inmates held in local jails and facilities in other jurisdictions.				

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?

- $_{01}$ 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?

o1 ► Both attempted and completed

544 🗌 None

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, 2015, and December 31, 2015, 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 10 None
 - The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).

Unsubstantiated	77	None
 The investigation concluded insufficient to determine who occurred. 		
occurred.	226	_

nded					220	🗌 None

The investigation determined that the event did NOT occur.

d.	Investigation	ongoing	
•	IIIVCSLIgation	unguing .	. —

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

231

None

- e. TOTAL (Sum of Items 544 None None
 - The total should equal the number reported in Item 2.

h.

c. Unfou

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?	on ▼ Yes → Do you record all reported allegations or only substantiated ones?
01 ≚ Yes 02 □ No → Skip to Item 7.	01 X All 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 227 None	Number reported <u>421</u> None
 If an allegation involved multiple victimizations, count only once. 	 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 0 x None	a. Substantiated <u>1</u> None
b. Unsubstantiated <u>41</u> None	b. Unsubstantiated <u>122</u> None
c. Unfounded 103 DNone	c. Unfounded 206 None
d. Investigation ongoing . <u>83</u> None	d. Investigation ongoing 92 None
 e. TOTAL (Sum of Items <u>227</u> None 6a through 6d) <u>227</u> None The total should equal the number reported in Item 5. 	 e. TOTAL (Sum of Items 9a through 9d)

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?

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 13.

11. Between January 1, 2015, and December 31, 2015, how many allegations of STAFF SEXUAL MISCONDUCT were reported?

Number reported

 If an allegation involved multiple victimizations, count only once.

1100

None

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	<u> 6 </u> [None
b. Unsubstantiated	163	None
c. Unfounded	434	None
d. Investigation ongoing	497	None
e. TOTAL (Sum of Items		

- - The total should equal the number reported in Item 11.

13. Does your State prison system record allegations of STAFF SEXUAL HARASSMENT?	Section III – PRIVATE AND LOCAL ALLEGATIONS
<pre>(See definitions on page 4.) (See definitions on page 4.) (1 × Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT? 01 × Yes 02 No → Skip to Item 16. (2 No → Please provide an explanation in the space below and then skip to Item 16.</pre>	 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 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? 01 Yes 02 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
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 460 🗌 None	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 0 × None	
b. Unsubstantiated 85 None	
c. Unfounded 172 None	
d. Investigation ongoing . 203 None	
 e. TOTAL (Sum of Items 15a through 15d) 463 None The total should equal the number reported in Item 14. 	