FORM **SSV-6** (3-8-2021)



SURVEY OF SEXUAL VICTIMIZATION, 2020 Locally or Privately-Operated Juvenile Facilities Summary Form

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT U.S. DEPT. OF COMMERCE U.S. CENSUS BUREAU

	Witten							
DATA SUPPLIED BY								
Name			Title					
OFFICIAL ADDRESS	Number and	street or P.O. Box/Route Number		City		State	ZIP Code	
TELEPHONE	Area code	Number		FAX NUMBER	A	Area Code	Number	
E-MAIL ADDRESS								

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

What facilities are included in this data collection?

All juvenile residential placement facilities operated or administered by a local government and all privately owned or operated facilities that are used to house juveniles and youthful offenders, regardless of age or reason for placement.

- INCLUDE locally-operated juvenile residential facilities; privately owned or operated juvenile residential facilities; detention centers, training schools, long-term secure facilities; reception or diagnostic centers; group homes or halfway houses; boot camps; ranches; forestry camps, wilderness or marine programs, or farms; runaway or homeless shelters; and residential treatment centers for juveniles.
- EXCLUDE State operated juvenile residential facilities. (These facilities will be contacted directly for data on sexual victimization.)

What persons and incidents are included in this data collection?

Juveniles and youthful offenders, regardless of age or reason for placement, under your custody between January 1, 2020, and December 31, 2020.

- INCLUDE incidents involving juveniles or youthful offenders under the authority, custody, or care of your confinement or community-based facilities or staff.
- EXCLUDE incidents involving juveniles or youthful offenders held in facilities operated by your State juvenile system.

Reporting instructions:

- Please complete the entire SSV-6 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 (X) the box beside each figure.
- Sections II, III, and V: if the answer to a questions "none" or "zero," write "0" or mark the box (X) provided.

Substantiated incidents of sexual violence:

 Please complete an Incident Form (Juvenile, SSV-IJ) for each substantiated incident of sexual victimization.

Returning forms:

- If you need assistance, please call 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 November 12, 2021.
- You may complete these forms online at: https://ssv.census.gov/
- 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.

DEFINITIONS

JUVENILES and YOUTHFUL OFFENDERS

 Any person under the custody or care of a juvenile residential facility owned or operated by a local government or private agency.

FACILITIES

INCLUDE all juvenile residential placement facilities operated or administered by a local government and all privately owned or operated facilities that are used to house juveniles and youthful offenders charged with or court-adjudicated for:

• Any offense that is illegal for both adults and juveniles;

OR

 An offense that is ILLEGAL in your State for juveniles, but not for adults (running away, truancy, incorrigibility, curfew violations, and liquor violations).

EXCLUDE all State-operated facilities and locally or privately-operated facilities used ONLY to house juveniles for:

Non-criminal behavior (neglect, abuse, abandonment, or dependency);

OR

 Being Persons in Need of Services (PINS) or Children in Need of Services (CHINS) who have assigned beds for reasons other than offenses.

Section I GENERAL INFORMATION

1. Is ti	nis facility owned by a				
01	Private agency				
02					
03	03 State				
04	County				
05	Local or municipal government				
06	Other Specify Z				
01	Private agency Native American Tribal Government State County Local or municipal government				
01	Private agency Native American Tribal Government State County				

held	in this facility were		
a. M	ales		
b. F	emales		
c. T	OTAL(Sum of Items 3a and 3b) .		
•	Count persons held in the facility reason for placement. Include per temporarily away but had assigne December 31, 2020.	sons who w	of age or vere
l. On E held	December 31, 2020, how man in this facility were	y person	s
a. A	ge 17 or younger		
b. A	ge 18 to 20		
с. А	ge 21 or older		
d. T (OTAL (Sum of Items 4a through should equal Item 3c)		
•	Count all persons held in the facili or reason for placement. Include ptemporarily away but had assigne December 31, 2020.	persons who	ss of age o were
Dec	veen January 1, 2020, and ember 31, 2020, how many p itted to or discharged from t	ersons w his facilit	ere y?
a. T	OTAL number admitted		
b. T	OTAL number discharged		
•	Include all persons admitted to the legal document, by the authority of some other official agency.	is facility by of the courts	a formal s, or by
•	Include all persons discharged from period of confinement including sepretrial releases, transfers to adult other States, and deaths.	entence cor	npletion,
•	Exclude admissions and discharg returns from escape, administrativ juvenile facilities, or temporary rel work/school release, medical app treatment facilities, or court appear	e transfers ease includ ointments,	to other ling

3. On December 31, 2020, how many persons

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Section II YOUTH-ON-YOUTH 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). Attempted nonconsensual sexual acts are included if recorded by the facility. For purposes of SSV, sexual abuse is disaggregated into three categories of youth-on-youth 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 youth directed toward another.

6.		cility record all the NONCONSE		
	01 Yes → a.	Do you record occurrences, substantiated	or only	ed
		02 Substantia	ted only	
	b.	Do you record NONCONSEN or only comp	SUAL SEX	UAL ACTS
		Both attem	pted and co I only	mpleted
	fac SE	ease provide the cility for youth-on- XUAL ACTS in the finition to comple	youth NONC le space bel	CONSÉNSUAL low. Use that
7.	how many all	uary 1, 2020 a egations of yo SUAL SEXUAL	uth-on-voi	ıth
	Number repo	rted		None
	If an allegation once.	on involved multip	ole victimizat	ions, count only
	Exclude any	allegations that w	vere reported	d as consensual.
8.	were — (Pleas	tions reported se contact the ag allegations of se this form.)	ency or offic	e responsible
	a. Substantia	ted		None
	occurred,	t was investigated based on a prepo . §115.72).	l and determ onderance o	ined to have f the evidence
	b. Unsubstan	tiated		None
	The invest to determ	tigation concluded ine whether or not	that evidend the event od	e was insufficient ccurred.
	c. Unfounded	l		None
	The invest	tigation determined	d that the eve	ent did NOT occur
	d. Investigati	on ongoing	<u> </u>	None
	 Evidence and a fina 	is still being gathe I determination ha	ered, process as not yet be	sed or evaluated, en made.
	e. TOTAL (Sur 8a through 8	m of Items d)		None
	The total :	should equal the	number repo	orted in Item 7.

9. Does your facility record allegations of youth-on-youth ABUSIVE SEXUAL CONTACT? (See definitions on page 3.)	12. Does your facility record allegations of youth-on-youth SEXUAL HARASSMENT? (See definitions on page 3.)
	O1 Yes → Do you record all reported allegations or only substantiated ones?
01 ☐ Yes	01 All
02 No → Skip to Item 12.	02 Substantiated only
No → Please provide an explanation in the space below and then skip to Item 12.	o2 ☐ No → Please provide an explanation in the space below and then skip to Section III.
10. Between January 1, 2020, and December 31, 2020, how many allegations of youth-on-youth ABUSIVE SEXUAL CONTACT were reported?	13. Between January 1, 2020, and December 31, 2020, how many allegations of youth-on-youth SEXUAL HARASSMENT were reported?
Number reported None	Number reported None
 If an allegation involved multiple victimizations, count only once. 	 If an allegation involved multiple victims or youth perpetrators, count only once.
 Exclude any allegations that were reported as consensual. 	 Exclude any allegations that were reported as consensual.
11. 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.)	14. Of the allegations reported in Item 13, 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	a. Substantiated
b. Unsubstantiated	b. Unsubstantiated None
c. Unfounded	c. Unfounded
d. Investigation ongoing None	d. Investigation ongoing None
e. TOTAL (Sum of Items 11a through 11d) None	e. TOTAL (Sum of Items 14a through 14d) None
The total should equal the number reported in Item 10.	 The total should equal the number reported in Item 13.

Section III STAFF-ON-YOUTH 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-youth sexual abuse. These categories are:

STAFF SEXUAL MISCONDUCT

Any behavior or act of a sexual nature directed toward a youth 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 youths 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 a youth 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.

15.	5. Does your facility record allegations of STAFF SEXUAL MISCONDUCT?			
	O1 ☐ Yes → Do you record all re occurrences, or onl ones?		antiated	
	01 All 02 Substantiated only	v		
	02 No → Please provide an expla	anation in	the space	
	below and then skip to I	nem 18.		
l 6.	Between January 1, 2020, and December 31, 2020, how many STAFF SEXUAL MISCONDUCT	allegati were rep	ons of ported?	
	Number reported		None	
	If an allegation involved multiple vic once.	ctimization	s, count only	
17.	Of the allegations reported in It many were (Please contact the agresponsible for investigating allegation victimization in order to fully complete.	gency or one one of the second	office val	
	a. Substantiated		None	
	b. Unsubstantiated		None	
	c. Unfounded		None	
	d. Investigation ongoing		None	
	e. TOTAL (Sum of Items 17a through 17d)		None	
	The total should equal the num	nber report	ed in Item 16.	

18. Does your facility record allegations of STAFF SEXUAL HARASSMENT? (See definitions on page 5.)	INCIDENTS OF SEXUAL VICTIMIZATION
o1 ☐ Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT?	21. What is the total number of substantiated incidents reported in Items 8a, 11a, 14a, 17a, and 20a.
01 Yes 02 No → Skip to Item 21 02 No → Please provide an explanation in the space below and then skip to Item 21.	Total substantiated incidents → Please complete a Substantiated Incident Form (Juvenile, SSV-IJ) for each substantiated incident of sexual victimization.
	NOTES
19. Between January 1, 2020, and December 31, 2020, how many allegations of STAFF SEXUAL HARASSMENT were reported?	
Number reported	
20. Of the allegations reported in Item 19, 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	
d. Investigation ongoing None	
e. TOTAL (Sum of Items 20a through 20d) None	
The total should equal the number reported in Item 19.	

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