FORM **SSV-4** (4-16-2020)



SURVEY OF SEXUAL VICTIMIZATION, 2018 Other Correctional 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

	DATASUPP	LIEDBY		
Name ₁		$\frac{\text{itle}}{2}$		
Joy	Krebsbach	Chief of Security / PREST / Bina		
OFFICIAL ADDRESS	Number and street or P.O. Box/Route Number	City State / ZIP Code BOZEMAO MT 59715		
TELEPHONE	Area code Number 406 994- 0300	FAX Area Code Number 406 994-0306		
E-MAIL JKrebsbache cccs corp. com				

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

What facilities are included in this data collection?

- PRIVATELY OPERATED FACILITIES: All privately owned or operated confinement facilities including prisons, jails, detention centers, community-based facilities, and other correctional facilities that are intended for adults but sometimes hold juveniles. INCLUDE privately operated multi-jurisdictional facilities.
- FACILITIES OPERATED BY OR FOR:
- THE UNITED STATES MILITARY
- THE BUREAU OF IMMIGRATION AND CUSTOMS ENFORCEMENT
- TRIBAL AUTHORITIES
- THE BUREAU OF INDIAN AFFAIRS

What inmates and incidents are included in this data collection?

Inmates under your custody between January 1, 2019, and December 31, 2019.

- 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-4 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 IV: if the answer to a question is "none" or "zero," write "0" or 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 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 13, 2020.
- 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) TO: 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.

MONAVARONIVATE LEDE UNIONE Section II all all some section in the contraction of the contraction 1. How many persons under the supervision of your facility were— **DEFINITIONS** 2020 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 a. CONFINED on December 31,-2949? INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction. nonconsensual sexual acts are included if recorded by the facility. For purposes of SSV, sexual abuse is disaggregated into three categories of inmate-on-inmate sexual victimization. These categories are: INCLUDE persons out to court while under your jurisdiction. **NONCONSENSUAL SEXUAL ACTS** INCLUDE persons held for other jurisdictions. Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse; EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions. AND EXCLUDE all persons in non-residential communitybased programs run by your facility Contact between the penis and the vulva or the penis (e.g., electronic monitoring, house arrest, community and the anus including penetration, however slight; service, day reporting, work programs). OR Male Female Contact between the mouth and the penis, vulva, or Inmates on December 31, 26 OR Penetration of the anal or genital opening of another b. ADMITTED to your facility during 2919? person however slight, by a hand, finger, object, or other instrument. 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 **ABUSIVE SEXUAL CONTACT** courts or some other official agency. Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse; INCLUDE repeat offenders booked on new charges. EXCLUDE returns from escape, work release, medical AND appointments/treatment facilities, and bail or court appearances. Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, Male or buttocks of any person. **New admissions** EXCLUDE incidents in which the contact was incidental during 2019-20*2*0 to a physical altercation. 2. Between January 1, 2019, and December 31, 2019, what was the average **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. daily population of your confinement facility? To calculate the average daily population, add the number of persons for each day during the period January 1, 20,49, through December 31, 20,49, and divide the result by 365.

Average daily population .

Male

Female

inmate NONCONSENSUAL SEXUAL ACTS? (See definitions on page 2.)	6. Does your facility record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT? (See definitions on page 2.)	
01 ☑ Yes → a. Do you record all reported occurrence or only substantiated ones?	s, 01 ☑Yes → Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?	
ot All o2 ☐ Substantiated only b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones? o1 ☐ Both attempted and completed o2 ☐ Completed only o2 ☐ No → Please provide the definition used by your facility for inmate-on-inmate NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 4 and 5.	01 ☐ Yes 02 ☐ No → Skip to Item 9. 02 ☐ No → Please provide an explanation in the space below and then skip to Item 9.	
4. Between January 1, 2019, and December 31, 2019, how many allegations of inmate- on-inmate NONCONSENSUAL SEXUAL ACTS were reported?	7. Between January 1, 2019, and December 31, 2019, how many allegations of inmate- on-inmate ABUSIVE SEXUAL CONTACT were reported?	
Number reported	Number reported	
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.)	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.)	
 Substantiated	a. Substantiated	
b. Unsubstantiated NA □ None	b. Unsubstantiated	
 The investigation concluded that evidence was insufficier to determine whether or not the event occurred. C. Unfounded	c. Unfounded	
The investigation determined that the event did NOT occur d. Investigation ongoing NA None	d. Investigation ongoing . None	
 Evidence is still being gathered, processed or evaluated and a final determination has not yet been made. TOTAL (Sum of Items 5a through 5d)	e. TOTAL (Sum of Items 8a through 8d)	

9. Does your facility record allegations of inmate-on-	EQUENTANDE SENTANDE ANTICO ESTATOR EN ANTICO ESTA
inmate SEXUAL HARASSMENT? (See definitions on page 2.)	DEFINITIONS
01 Yes → Do you record all reported allegations or only substantiated ones? 01 All 02 Substantiated only	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 <i>National Standards to Prevent, Detect, and Respond to Prison Rape</i> (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:
o2 ☐ No → Please provide an explanation in the space below and then skip to Section III.	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 several actor
20 10. Between January 1,,2049, and	 Completed, attempted, threatened, or requested sexual acts; OR
December 31, 2019 how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?	 Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reason unrelated to official duties or for sexual gratification.
Number reported None	STAFF SEXUAL HARASSMENT
 If an allegation involved multiple victims or inmate perpetrators, count only once. Exclude any allegations that were reported as consensual. 	Repeated verbal 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—
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.)	 Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing;
	OR
a. Substantiated None	Repeated profane or obscene language or gestures.
b. Unsubstantiated \nearrow \nearrow \bigcirc None	
c. Unfounded	
d. Investigation ongoing . NA None	
e. TOTAL (Sum of Items 11a https://doi.org/10.1001/10.	

12. Does your facility recoi SEXUAL MISCONDUCT	d allegations of STAFF? (See definitions on page 4.)	15. Does your facility record alle SEXUAL HARASSMENT? (See	gations of STAFF definitions on page 4.)
01 ☑Yes → Do you reco occurrence ones?	ord all reported s, or only substantiated	01 ☑ Yes → Can these allegati separately from al STAFF SEXUAL M	llegations of
01 L All		01 ☐ Yes	
02 ☐ Substant	iated only	02 □ No → Skip to Ite	em 18.
02∐ No → Please provide below and the	an explanation in the space n skip to Item 15.	02 □ No → Please provide an exp below and skip to Item	lanation in the space 1 18.
	A 1		
13. Between January 1, 20 December 31, 2019, no STAFF SEXUAL MISCO	29, and w many allegations of NDUCT were reported?	16. Between January 1, 2019, and December 31, 2019, how man STAFF SEXUAL HARASSMEN	d y allegations of T were reported?
Number reported		Number reported	O 🗆 🗆 None
 If an allegation involved ronly once. 	nultiple victimizations, count	 If an allegation involved multiple only once. 	victims or staff, count
 Of the allegations repomany were — (Please conflice responsible for investive sexual victimization in order form.) 	ntact the agency or igation allegations of	17. Of the allegations reported in many were — (Please contact the office responsible for investigating sexual victimization in order to fully form.)	e agency or allegations of
a. Substantiated	NA 🗆 None	a. Substantiated	NA 🗆 None
b. Unsubstantiated	NA□ None	b. Unsubstantiated	None □ None
c. Unfounded	NA□ None	c. Unfounded	NA 🗆 None
d. Investigation ongoin	g . NA□ None	d. Investigation ongoing	NA None
e. TOTAL (Sum of Items 1 through 14d) The total should equal	4a None □ None the number reported in Item 13.	e. TOTAL (Sum of Items 17a through 17d)	

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

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Clear Fields

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Print Form