FORM **SSV-2** (4-14-2020)



SURVEY OF SEXUAL VICTIMIZATION, 2019

State Prison Systems 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

	JUSTICE PR		Summai	y Form				
DATA SUPPLIED BY								
Name Diana Magaard				Title PREA R	epresentative			
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24000000070000000000

Minnesota 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, 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 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 (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 greta.b.clark@census.gov
- Please return your completed summary and substantiated incident forms by November 30, 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): 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). Attempted 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:

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;

• Contact between the mouth and the penis, vulva, or

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 inmate directed toward another.

Does your State prison system record allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS?				
01 X Yes → a. Do you record occurrences, ones?	d all reported or only substantiated			
01 × AII				
02 Substantia	ted only			
	ord attempted ENSUAL SEXUAL ACTS apleted ones?			
01 🗷 Both atte	empted and completed			
02 Complet	ed only			
NONCONSENSUAL	definition used by your for inmate-on-inmate L SEXUAL ACTS in the hat definition to complete			
2. Between January 1, 2019, and December 31, 2019, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?				
Number reported	1 None			
 If an allegation involved multip count only once. 	ole victimizations,			
 Exclude any allegations that v 	vere 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	2 None			
The event was investigated have occurred, based on a evidence (28 C.F.R. §115.")	preponderance of the			
b. Unsubstantiated	17 None			
The investigation conclude insufficient to determine who courred.	d that evidence was			
c. Unfounded	2 None			
 The investigation determine occur. 	ed that the event did NOT			
d. Investigation ongoing .	0 × None			
	ered, processed or evaluated,			
e. TOTAL (Sum of Items 3a through 3d				

• The total should equal the number reported in Item 2.

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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.)		
	01 ▼ Yes → Can these be co allegations of No SEXUAL ACTS?	unted separately from ONCONSENSUAL	01 ☐ Yes → Do you record al allegations or or ones?	ll reported nly substantiated	
	01 ▼ Yes 02 □ No → Skip to Ite	m 7.	o1 ☐ All o2 ☐ Substantiated	only	
	02 ☐ No → Please provide an e below and then skip		₀₂ ▼ No → Please provide an e below and then skip	xplanation in the space to Section II.	
			Our discipline unit manages recordable per facility.	these and they are not	
	Between January 1, 2019, a how many allegations of in ABUSIVE SEXUAL CONTAC	mate-on-inmate	8. Between January 1, 2019, a how many allegations of in SEXUAL HARASSMENT we	mate-on-inmate	
	Number reported If an allegation involved multip count only once.	None le victimizations,	Number reported If an allegation involved multip inmate perpetrators, count onl	le victims or	
	Exclude any allegations that w consensual.	ere reported as	 Exclude any allegations that w consensual. 	rere reported as	
	Of the allegations reported many were — (Please contact responsible for investigating alleg victimization in order to fully com	the agency or office gations of sexual	9. Of the allegations reported many were — (Please contact responsible for investigating alleg victimization in order to fully com	the agency or office	
	a. Substantiated	1 None	a. Substantiated	None	
	b. Unsubstantiated	6 _ None	b. Unsubstantiated	None	
	c. Unfounded	0 x None	c. Unfounded	None	
	d. Investigation ongoing	3 None	d. Investigation ongoing .	None	
	e. TOTAL (Sum of Items 6a through 6d)		e. TOTAL (Sum of Items 9a through 9d)	0 × None	
	The total should equal the Item 5.	number reported in	 The total should equal the Item 8. 	number reported in	

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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 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.	allegations of STAFF SEXUAL MISCONDUCT?		
	01 ▼ Yes → Do you record al occurrences, or ones?	l reported only subs	d stantiated
	01 X All 02 □ Substantiated	only	
	02 ☐ No → Please provide an exbelow and then skip	oplanation to Item 13.	in the space
11.	Between January 1, 2019, a December 31, 2019, how m STAFF SEXUAL MISCONDU	anv alleq	ations of reported?
	Number reported	11	None
	If an allegation involved multip count only once.	le victimiza	
12.	Of the allegations reported many were – (Please contact to responsible for investigating alleg victimization in order to fully compared to the control of th	he agency gations of s	or office exual
	a. Substantiated	1	□ None
	b. Unsubstantiated	9	. □ None
	c. Unfounded	0	× None
	d. Investigation ongoing	1	. □ None
	e. TOTAL (Sum of Items 12a through 12d)	11	□ None
	 The total should equal the I Item 11. 	number rep	oorted in

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13. Does your State pr	rison system record FF SEXUAL HARASSMENT?	Section III – PRIVATE AND LOCAL ALLEGATIONS			
(See definitions on pa 01 Yes → Can the separa SEXUA 01 Yes 02 No → Please pr	ge 4.) ese allegations be counted Itely from allegations of STAFF IL MISCONDUCT?	16. Did any of the allegations reported in Items 2, 5, 8, 11, or 14 occur in a privately operated facility? □1 Yes □2 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? □1 Yes □2 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 6 None			
14. Between January December 31, 201 of STAFF SEXUAL reported?	1, 2019, and 9, how many allegations HARASSMENT were	→ Please complete a Substantiated Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.			
Number reported	2 None	NOTES			
 If an allegation invocount only once. 	olved multiple victims or staff,				
many were — (Plea	reported in Item 14, how ase contact the agency or office igating allegations of sexual to fully complete this form.)				
a. Substantiated	2 None				
b. Unsubstantiate	d None				
c. Unfounded	0 x None				
d. Investigation or	ngoing0 × None				
e. TOTAL (Sum of 15a through 15c					
The total should Item 14.	equal the number reported in				

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Save As

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Print Form

Clear Fields