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

	Office		- Jannina	y . 0			
DATA SUPPLIED BY							
Name Peggy Steimel				Title Statewic	e PREA Coord	dinator	
OFFICIAL ADDRESS	Number and		Box/Route Number Jackson Street		City Topeka	State KS	ZIP Code 66603
TELEPHONE (Area code 785	Number 2604658			FAX NUMBER	Area Code	Number
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170000000070000001700

Kansas 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;

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 inmate directed toward another.

Does your State prison system record allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS?				
01 ▼ Yes → a. Do you record occurrences, ones?	l all repor or only s	rted ubstantiated		
01 🗷 All				
02 ☐ Substantiat	ted only			
b. Do you reco NONCONSE or only com	NSUAL S	EXUAL ACTS		
01 🗷 Both atte	mpted and	completed		
02 Complete	ed only			
O2 No → Please provide the of State prison system NONCONSENSUAL space below. Use the Items 2 and 3.	for inmate. SEXUAL A	on-inmate ACTS in the		
Between January 1, 2019, and December 31, 2019, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?				
Number reported	27	□ None		
 If an allegation involved multip count only once. 	ole victimiza	ations,		
 Exclude any allegations that w consensual. 	ere reporte	ed as		
• 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	1	None		
The event was investigated have occurred, based on a evidence (28 C.F.R. §115.7)	preponder	mined to		
b. Unsubstantiated	22	None		
 The investigation concluded insufficient to determine who occurred. 	d that evide ether or no	ence was t the event		
c. Unfounded	4	□ None		
The investigation determine occur.	ed that the	event did NOT		
d. Investigation ongoing .	0	None		
Evidence is still being gather and a final determination has a final determination has a final determination has a final determination by the first part of the first par	ered, proce as not yet b	ssed or evaluated,		
e. TOTAL (Sum of Items	27	None		

The total should equal the number reported in Item 2.

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4.	Does your State prison sys allegations of inmate-on-in SEXUAL CONTACT? (See de	mate ABUSIVE	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?	l reported nly substantiated	
	01 Yes 02 No → Skip to Ite	m 7.	01 ✗ All 02 ☐ Substantiated	only	
	02 ☐ No → Please provide an e below and then skip	explanation in the space to Item 7.	02 ☐ No → Please provide an e below and then skip	xplanation in the space to Section II.	
	Between January 1, 2019, a how many allegations of in ABUSIVE SEXUAL CONTAC	nate-on-inmate	8. Between January 1, 2019, a how many allegations of in SEXUAL HARASSMENT we	nate-on-inmate	
	Number reported	□ None le victimizations,	Number reported If an allegation involved multip inmate perpetrators, count only	31 None le victims or y once.	
	 Exclude any allegations that w consensual. 	ere reported as	 Exclude any allegations that w consensual. 	ere reported as	
	Of the allegations reported many were — (Please contact responsible for investigating alleg victimization in order to fully com	the agency or office	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	None	a. Substantiated	0 None	
	b. Unsubstantiated		b. Unsubstantiated	18 None	
	c. Unfounded	11 None	c. Unfounded	13	
	d. Investigation ongoing	□ None	d. Investigation ongoing	0 None	
	e. TOTAL (Sum of Items 6a through 6d)		e. TOTAL (Sum of Items 9a through 9d)	1 None	
	The total should equal the left tem 5.	number reported in	 The total should equal the litem 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?			
	On Yes -> Do you record a occurrences, or ones?	all reported r only substantial	ed	
	01 ✗ All 02 ☐ Substantiated	d only		
	02 ☐ No → Please provide an e below and then skij	explanation in the sp p to Item 13.	ace	
11.	Between January 1, 2019, December 31, 2019, how n	nanv allegations	of	
	STAFF SEXUÁL MISCONDI	20 —		
	If an allegation involved multi- count only once.	LINone)	
12.	Of the allegations reported many were – (Please contact responsible for investigating alle victimization in order to fully contact.)	the agency or office egations of sexual		
	a. Substantiated	Non	е	
	b. Unsubstantiated		е	
	c. Unfounded		е	
	d. Investigation ongoing .	0 Non	е	
	e. TOTAL (Sum of Items 12a through 12d)		e	
	The total should equal the Item 11.	e number reported in		

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13. Does your State prison system record allegations of STAFF SEXUAL HARASSMENT?	Section III – PRIVATE AND LOCAL ALLEGATIONS		
(See definitions on page 4.) 11 Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT? 12 Yes 13 Yes 14 Yes 15 Yes 16 No → Skip to Item 16. 17 Yes 18 No → Please provide an explanation in the space below and then skip to Item 16.	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		
	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, 2019, and December 31, 2019, how many allegations of STAFF SEXUAL HARASSMENT were reported?	→ Please complete a Substantiated Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.		
Number reported	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 6 None			
b. Unsubstantiated			
c. Unfounded			
d. Investigation ongoing . 0 None			
e. TOTAL (Sum of Items 15a through 15d)			
 The total should equal the number reported in Item 14. 			

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Save As

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Print Form

Clear Fields