FORM **SSV-6** (4-21-2016)



SURVEY OF SEXUAL VICTIMIZATION, 2015 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
Economics and Statistics Administration
U.S. CENSUS BUREAU

Name		Tit	le		
	Upendra K	atragádda	Fa	cility Admini	strator
OFFICIAL ADDRESS	Number and	street or P.O. Box/Route Number 20875 County Road 171	City Angleton	State TX	ZIP Code 77515
TELEPHONE	Area code 979	Number 8641210	FAX NUMBER	Area Code 979	Number 8641215

441020020050020008802

Brazoria Co. Detention Center

(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, 2015, and December 31, 2015.

- 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 (☒) 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 Greta Clark at 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 September 15, 2016.
- 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 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 this facility owned by a of Private agency 02 Native American Tribal Government 03 State 04 ✓ County 65 Local or municipal government □ Other - Specify -2. Is this facility operated by a o₁ ☐ Private agency

3. On December 31, 2015, how many persons held in this facility were —
a. Males
b. Females
c. TOTAL(Sum of Items 3a and 3b)30
 Count persons held in the facility regardless of age or reason for placement. Include persons who were temporarily away but had assigned beds on December 31, 2015.
4. On December 31, 2015, how many persons held in this facility were —
a. Age 17 or younger 30
b. Age 18 to 20 0
c. Age 21 or older 0
d. TOTAL (Sum of Items 4a through 4c should equal Item 3c)
 Count all persons held in the facility regardless of age or reason for placement. Include persons who were temporarily away but had assigned beds on December 31, 2015.
Between January 1, 2015, and
December 31, 2015, how many persons were admitted to or discharged from this facility?
a. TOTAL number admitted <u>1102</u>
b. TOTAL number discharged1077 [
 Include all persons admitted to this facility by a formal legal document, by the authority of the courts, or by some other official agency.
 Include all persons discharged from this facility after a period of confinement including sentence completion, pretrial releases, transfers to adult jurisdictions or to other States, and deaths.
 Exclude admissions and discharges resulting from returns from escape, administrative transfers to other juvenile facilities, or temporary release including work/school release, medical appointments, other treatment facilities, or court appearances.

03 ☐ State 04 ☑ County

62 ☐ Native American Tribal Government

05 Local or municipal government

66 ☐ Other - Specify ∠

Section II - YOUTH-ON-YOUTH SEXUAL VICTIMIZATION	youth-on-youth NONCONSENSUAL SEXUAL
<u>DEFINITIONS</u>	ACTS?
The survey utilizes the definition of "sexual abuse" 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 three categories of youth-on-youth sexual victimization. These categories are:	01 Yes → a. Do you record all reported occurrences, or only substantiated ones? 01 All 02 Substantiated only
NONCONSENSUAL SEXUAL ACTS Sexual contact of any person without his or her consent,	b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones?
or of a person who is unable to consent or refuse;	o₁ ☑ Both attempted and completed o₂ ☐ Completed only
Contact between the penis and the vulva or the penis and the anus including penetration, however slight;	02 No → Please provide the definition used by your facility for youth-on-youth NONCONSENSUAL SEXUAL ACTS in the space below. Use that
OR	definition to complete Items 7 and 8.
 Contact between the mouth and the penis, vulva, or anus; 	
THE CONTRACT OR SERVICE OF THE PARTY OF THE	
 Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument. 	. 2018 1907 - British Marie (m. 1922) - Gregoria de la companio de la companio de la companio de la companio de la co 1908 - British Marie (m. 1908) - Gregoria de la companio de la companio de la companio de la companio de la co
ABUSIVE SEXUAL CONTACT	7. Between January 1, 2015 and December 31, 2015, how many allegations of youth-on-youth
Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse;	NONCONSENSUAL SEXUAL ACTS were reported?
AND	Number reported 0 None
 Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person. 	 If an allegation involved multiple victimizations, count only once. Exclude any allegations that were reported as consensual.
EXCLUDE incidents in which the contact was incidental to a physical altercation.	8. Of the allegations reported in Item 7, how many were — (Please contact the agency or office responsible
SEXUAL HARASSMENT	for investigating allegations of sexual victimization in order to fully complete this form.)
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.	a. Substantiated 0 None
	 The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).
	b. Unsubstantiated 0 None
	 The investigation concluded that evidence was insufficien to determine whether or not the event occurred.
	Of Gindulaca
	 The investigation determined that the event did NOT occur
	d. Investigation ongoing None
	 Evidence is still being gathered, processed or evaluated, and a final determination has not yet been made.
	e. TOTAL (Sum of Items 8a through 8d)

• The total should equal the number reported in Item 7.

9.	Does your facility record all youth-on-youth ABUSIVE SI (See definitions on page 3.)	legations of EXUAL CONTACT?	12. Does your facilit youth-on-youth \$ (See definitions on)	SEXUAL HARĀSS	ons of MENT?
	on □ Yes → Can these be confrom allegations NONCONSENSU	ounted separately s of IAL SEXUAL ACTS?	or ☑ Yes → Do yo alleg ones	ou record all repo ations or only su ?	orted bstantiated
	01 ✓ Yes 02 ☐ No → Skip to	Item 12.	01 🗍	All Substantiated only	
	02 ☐ No → Please provide an e below and then skip	xplanation in the space to Item 12.	02 ☐ No → Please below	provide an explana and then skip to Sec	tion in the space tion III.
		47 12 4 12 13 14 15 16 16 17			
	Between January 1, 2015, a December 31, 2015, how may youth-on-youth ABUSIVE SE were reported?	any allegations of	13. Between Januar December 31, 20 youth-on-youth S reported?	15, how many all	legations of MENT were
	Number reported	0 □ None	Number reported	9	□ None
	If an allegation involved multip only once.	e victimizations, count	 If an allegation in perpetrators, cou 	volved multiple victin nt only once.	ns or youth
	 Exclude any allegations that we 	re reported as consensual.	 Exclude any alleg 	ations that were repo	rted as consensual.
11.	Of the allegations reported many were — (Please contact responsible for investigating allegivictimization in order to fully compared to the co	he agency or office ations of sexual	14. Of the allegation many were — (Ple responsible for inves victimization in order	ease contact the age	ncy or office
a	. Substantiated	0 □ None	a. Substantiated	2	_ □ None
b	. Unsubstantiated	_0 □ None	b. Unsubstantiated	7 	_ □ None
c,	. Unfounded	0 □ None	c. Unfounded	0	_ □ None
d.	. Investigation ongoing \dots	0 □ None	d. Investigation on	going 0	_ □ None
e.	. TOTAL (Sum of Items 11a through 11d)	_0 □ None	e. TOTAL (Sum of Ite 14a through 14d) .		_ □ None
	The total should equal the num	ber reported in Item 10.	The total should e	qual the number rep	orted in Item 13.

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 statements, 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. Does your facility record alleg SEXUAL MISCONDUCT?	gations	of STAFF
01 ☐ Yes → Do you record all occurrences, or o ones?	reporte nly sub	d stantiated
01 ☑ All 02 ☐ Substantiated o	only	
02 ☐ No → Please provide an exp below and then skip to	lanation Item 18	in the space
16. Between January 1, 2015, and December 31, 2015, how man	y allega	ations of
STAFF SEXUAL MISCONDUCT	l were r	eported?
If an allegation involved multiple vonce.	. :	
17. Of the allegations reported in many were — (Please contact the responsible for investigating allegativictimization in order to fully complete.	e agency ions of se	or office xual
a. Substantiated	0	_ □ None
b. Unsubstantiated	0	_ □ None
c. Unfounded	0	_ □ None
d. Investigation ongoing	0	_ □ None
e. TOTAL (Sum of Items 17a through 17d)	0	_ □ None
 The total should equal the nu 	ımber rep	orted in Item 16

. Does your facility record all SEXUAL HARASSMENT ? (S	egations of STAFF ee definitions on page 5.)	Section IV – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION
separately from STAFF SEXUAL	allegations of MISCONDUCT? Item 21 Xplanation in the space	21. What is the total number of substantiated incidents reported in Items 8a, 11a, 14a, 17a, and 20a. Total substantiated 2 □ None → Please complete an Incident Form (Juvenile, SSV-IJ) for each substantiated incident of sexual victimization.
December 31, 2015, how ma	nv allegations of	Nones
Number reported If an allegation involved multiple only once.	0 □ None e victims or staff, count	
many were — (Please contact to responsible for investigating allega	he agency or office ations of sexual	
a. Substantiated	0 None	
b. Unsubstantiated	0 □ None	
c. Unfounded		
d. Investigation ongoing , _	0 ☐ None	Selection of the control of the cont
e. TOTAL (Sum of Items 20a through 20d) • The total should equal the number 1.	□ None umber reported in Item 19.	
	SEXUAL HARASSMENT? (S 1 Yes → Can these allegs separately from STAFF SEXUAL 1 Yes 1 Yes 1 No → Skip to 2 No → Please provide an ebelow and then skip Please and then skip Number reported If an allegation involved multiple only once. Of the allegations reported imany were — (Please contact tresponsible for investigating allegation in order to fully composite in an	Between January 1, 2015, and December 31, 2015, how many allegations of STAFF SEXUAL HARASSMENT were reported? Number reported 0 None If an allegation involved multiple victims or staff, count only once. 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 0 None b. Unsubstantiated 0 None c. Unfounded 0 None

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Clear Fields

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