FORM **SSV-6** (5-11-2017)



SURVEY OF SEXUAL VICTIMIZATION, 2016 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

DVAVOSIOPHUHOLIS -- -Name Facility Administrator Upendra Katragadda ZIP Code Number and street or P.O. Box/Route Number State **OFFICIAL** City 77515 **ADDRESS** Angleton TX 20875 County Road 171 Area code Number **FAX** Area Code Number **TELEPHONE** NUMBER 8641215 8641210 979 979

E-MAIL ADDRESS

upendrak@brazoria-county.com

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, 2016, and December 31, 2016.

- 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 floure.
- 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 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 August 15, 2017.
- 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.

3. On December 31, 2016, how many persons held in this facility were — **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** b. Females 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 c. TOTAL(Sum of Items 3a and 3b) . _ youthful offenders charged with or court-adjudicated for: · Any offense that is illegal for both adults and juveniles; Count persons held in the facility regardless of age or reason for placement. Include persons who were OR temporarily away but had assigned beds on December 31, 2016. An offense that is ILLEGAL in your State for juveniles, but not for adults (running away, truancy, incorrigibility, curfew violations, and liquor violations). 4. On December 31, 2016, how many persons held in this facility were — EXCLUDE all State-operated facilities and locally or privately-operated facilities used ONLY to house juveniles for: a. Age 17 or younger · Non-criminal behavior (neglect, abuse, abandonment, or dependency); OR b. Age 18 to 20 Being Persons in Need of Services (PINS) or Children in Need of Services (CHINS) who have assigned beds for 0 reasons other than offenses. c. Age 21 or older Greetstatist = (SEELSTELVALE) (SEELSTELVALUE) (S d. TOTAL (Sum of Items 4a through 4c should equal Item 3c) 1. Is this facility owned by a -Count all persons held in the facility regardless of age of Private agency or reason for placement. Include persons who were 02 Native American Tribal Government temporarily away but had assigned beds on December 31, 2016. o3 State 5. Between January 1, 2016, and December 31, 2016, how many persons were admitted to or discharged from this facility? 04 ☑ County 05 Local or municipal government 06 ☐ Other - Specify → a. TOTAL number admitted ... 2. Is this facility operated by a b. TOTAL number discharged . o₁ ☐ Private agency 02 Native American Tribal Government Include all persons admitted to this facility by a formal legal document, by the authority of the courts, or by some other official agency. os State 04 County Include all persons discharged from this facility after a 05 Local or municipal government period of confinement including sentence completion, oe ☐ Other - Specify ~ 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.

Forthon I) - Youth Leave Addings Striver West Microsoft Addings DEFINITIONS	6. Does your facility record allegations of youth-on-youth NONCONSENSUAL SEXUAL 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; AND	ot ☑ Both attempted and completed 52 ☐ Completed only
Contact between the penis and the vulva or the penis and the anus including penetration, however slight; OR	02 ☐ No → Please provide the definition used by your facility for youth-on-youth NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 7 and 8.
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,	7. Between January 1, 2016 and December 31, 2016, how many allegations of youth-on-youth NONCONSENSUAL SEXUAL ACTS were reported?
or of a person who is unable to consent or refuse; 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. SEXUAL HARASSMENT	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.)
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	a. Substantiated O None
directed toward another.	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.
	c. Unfounded
병기를 잘 있다. 회장도 있고를 되었습니다. 그를 되어 말라나 느끼지 된 부분지 교회의 단점도 한 경기를 하고 있는 경기를 보고 하는데 그 기술을 다	The investigation determined that the event did NOT occu
경찰을 하는 경험을 받았다는 생각이 해결되는 사이라는 불편된 요한 경험을 경찰 기가 되는 경찰 기가 되었다.	d. Investigation ongoing O □ None
	 Evidence is still being gathered, processed or evaluated and a final determination has not yet been made.
	e. TOTAL (Sum of Items 0 None

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

9. Does your facility record all youth-on-youth ABUSIVE SE (See definitions on page 3.)	egations of XUAL CONTACT?	12.	12. Does your facility record allegations of youth-on-youth SEXUAL HARASSMENT? (See definitions on page 3.)			
of ☑ Yes → Can these be co from allegations NONCONSENSU	unted separately of AL SEXUAL ACTS?		01 ☑ Yes → Do you record a allegations or o ones?	all repor only sub	ted stantiated	
on □ Yes		ingeroor and a	on 🗹 All	ا المال		
02 ☑ No → Skip to	Item 12.	diameter in the second	o₂ ☐ Substantiate	a only		
g2 □ No → Please provide an e below and then skip	xplanation in the space to Item 12.	entimiento de la companio de la comp	02 □ No → Please provide an below and then ski	explanation ip to Section	n in the space on III.	
		to design and the second				
		Silvania Silvania				
10. Between January 1, 2016, a December 31, 2016, how mayouth-on-youth ABUSIVE SE were reported?	any allegations of	13.	Between January 1, 2016, December 31, 2016, how n youth-on-youth SEXUAL H reported?	nanv alle	egations of ENT were	
Number reported	5 🗆 None	maccontrol of the	Number reported	5	🗆 None	
 If an allegation involved multip only once. 		elonicy-restrictions	 If an allegation involved mult perpetrators, count only once 	iple victim ə.	s or youth	
 Exclude any allegations that we 	ere reported as consensual.		 Exclude any allegations that v 	were repor	ted as consensual.	
11. Of the allegations reported many were — (Please contact responsible for investigating alleg victimization in order to fully com	the agency or office nations of sexual	14.	Of the allegations reported many were — (Please contact responsible for investigating alle victimization in order to fully corticological processes to the contact of the corticological processes and the corticological processes are contact to the corticological processes and the corticological processes are contact to the cortic	ot the ager egations o	ncy or office f sexual	
a. Substantiated	1 None	octorios contratorios contrator	a. Substantiated	3	_ □ None	
b. Unsubstantiated	4 □ None	I I	o. Unsubstantiated	2	_ □ None	
c. Unfounded	0 □ None		c. Unfounded	0	_ □ None	
d. Investigation ongoing	0 □ None		d. Investigation ongoing	0	_ □ None	
e. TOTAL (Sum of Items 11a through 11d)	5 ☐ None		e. TOTAL (Sum of Items 14a through 14d)	5	_ □ None	
The total should equal the nur	mber reported in Item 10.	angle Capital Appr	The total should equal the new states and the new states are to the states are	umber rep	orted in Item 13.	
		entranta entrantamentalistica entrantamentamentalistica entrantamentamentamentamentamentament				

<u>educative cultivative en estative all manage</u> 15. Does your facility record allegations of STAFF SEXUAL MISCONDUCT? DEFINITIONS \bigcirc Yes \rightarrow Do you record all reported 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 occurrences, or only substantiated Respond to Prison Rape (under the Prison Rape Elimination ot 🗹 All Act of 2003). For purposes of SSV, sexual abuse is disaggregated into two categories of staff-on-youth sexual 62 Substantiated only abuse. These categories are: 62 □ No → Please provide an explanation in the space STAFF SEXUAL MISCONDUCT below and then skip to Item 18. 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; 16. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL MISCONDUCT were reported? · Completed, attempted, threatened, or requested sexual acts; Occurrences of indecent exposure, invasion of privacy, or staff voveurism for reasons unrelated to official duties or for sexual gratification. _ 🗆 None Number reported If an allegation involved multiple victimizations, count only STAFF SEXUAL HARASSMENT once. Repeated verbal statements, comments or gestures of a sexual 17. Of the allegations reported in Item 16, how nature to a youth by an employee, volunteer, contractor, official many were — (Please contact the agency or office responsible for investigating allegations of sexual visitor, or other agency representative (exclude family, friends, or other visitors). Includevictimization in order to fully complete this form.) Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing; a. Substantiated · Repeated profane or obscene language or gestures. b. Unsubstantiated ☐ None c. Unfounded ☐ None d. Investigation ongoing e. TOTAL (Sum of Items ☐ None 17a through 17d) · The total should equal the number reported in Item 16.

18. Does your facility record allegations of STAFF SEXUAL HARASSMENT? (See definitions on page 5.)	SESTABLY CHORPAL STATES WITH WELL (WELL) (WE
01 ☑ 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
19. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL HARASSMENT were reported?	
Number reported 0	
If an allegation involved multiple victims or staff, count only once.	
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 0	
b. Unsubstantiated	
c. Unfounded	
d. Investigation ongoing0 □ None	
e. TOTAL (Sum of Items 20a 0 None	
The total should equal the number reported in Item 19.	

FORM SSV-6 (5-11-2017)

FAQ Log Out

Summary of Substantiated Incidents

Count: 0 Expected Count: 4

Incidents

Validation Table

Incident forms		Summary forms		
Incident type from item 17	Number reported	Item #	Number reported	Difference
NCSA (Nonconsensual Sexual Acts)	0	8.a	0	0
ASC (Abusive Sexual Contact)	0	11.a	1	0
SH (Youth-on-youth Sexual Harassment)	0	14.a	3	0
SSM (Staff Sexual Misconduct)	0	17.a	0	0
SSH (Staff Sexual Harassment)	0	20.a	0	0
Total	0		4	0

Add Delete

Delete Summary Form

Submit Form