

Sexual Assault Report

Part A – To be completed by the facility/unit upon notification of incident

Date of Incident: _____

Facility/Unit: _____

(If more than one date, report the most recent.)

Was there more than one victim? Yes No Total Number of victims? (If more than one victim, please complete a separate form for each)

Victim Name: _____ DOC #: _____

Male Female Age: _____

- Race/Ethnic Origin: White (not of Hispanic origin)
 Black (not of Hispanic origin)
 Hispanic or Latino
 American Indian/Alaska Native (not of Hispanic origin)
 Asian (not of Hispanic origin)
 Native Hawaiian or other Pacific Islander (not of Hispanic origin)
 Other racial category in your information system-
Specify _____

Location of incident: (Mark all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Victim's cell/room (if victim and perpetrator share a cell/room, count as victim's cell) | <input type="checkbox"/> Program service area (commissary, kitchen, storage, laundry, cafeteria, workshop, or hallway) |
| <input type="checkbox"/> Common area within a housing unit (shower, dayroom) | <input type="checkbox"/> In an instructional area (e.g, classroom, school, library, conference room) |
| <input type="checkbox"/> Outside the facility | <input type="checkbox"/> In a recreation area, (e.g, yard, gymnasium) |
| <input type="checkbox"/> In the perpetrator's cell/room | <input type="checkbox"/> In a medical area (e.g, infirmary, health clinic) |
| <input type="checkbox"/> Temporary holding cell within the facility | <input type="checkbox"/> In a staff area, (e.g, office, break room, counselor's office) |
| <input type="checkbox"/> Offsite, while in transit | |
| <input type="checkbox"/> Dormitory or other multiple housing unit | |

- Other - Specify _____
 Location Unknown

Time of Incident: (Mark all that apply.)

- Morning (6 am – noon) Afternoon (noon – 6 pm) Evening (6 pm – midnight) Overnight (midnight – 6 am)

Injuries sustained by victim during the incident: (Mark all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> No injuries | <input type="checkbox"/> Broken bones |
| <input type="checkbox"/> Anal or vaginal tearing | <input type="checkbox"/> Teeth chipped or knocked out |
| <input type="checkbox"/> Internal Injuries | <input type="checkbox"/> Knocked unconscious |
| <input type="checkbox"/> Bruises, black eye, sprains, cuts, scratches, swelling, welts | <input type="checkbox"/> Knife or stab wounds |
| <input type="checkbox"/> Other - Specify _____ | |

Did the victim receive medical treatment for these injuries? (PREA115.21 (c)) Yes No NA

Who reported the incident? (Mark all that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Victim | <input type="checkbox"/> Another inmate (non-victim) | <input type="checkbox"/> Correctional officer/front line staff |
| <input type="checkbox"/> Family of victim | <input type="checkbox"/> Administrative staff | <input type="checkbox"/> Medical/healthcare staff |
| <input type="checkbox"/> Instructor/teacher | <input type="checkbox"/> Counselor | <input type="checkbox"/> Chaplain or other religious official |
| | <input type="checkbox"/> Attorney of legal guardian (e.g, other than family member) | |
| | <input type="checkbox"/> Confidential informant, anonymous tip, hotline, or through monitoring (e.g, camera, telephone, or mail) | |
| | <input type="checkbox"/> Perpetrator | |
| | <input type="checkbox"/> Perpetrator's family or friend | |
| | <input type="checkbox"/> Grievance coordinator, grievance Process, or ombudsperson | |

Other - *Specify* _____

After the incident was reported, was the victim: (PREA 115.21 (c)) (Mark all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Given a medical examination | <input type="checkbox"/> Administered a rape kit |
| <input type="checkbox"/> Tested for HIV/AIDS | <input type="checkbox"/> Tested for other sexually transmitted diseases |
| | <input type="checkbox"/> Offered but declines testing of treatment |
| | <input type="checkbox"/> Already released/discharged |
| <input type="checkbox"/> Provided with counseling or mental health treatment | <input type="checkbox"/> None of the above |

After the incident was reported, was the victim: (Mark all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Placed in or returned to administrative segregation/protective custody | <input type="checkbox"/> Placed in a medical infirmary, special unit, or hospital |
| <input type="checkbox"/> Confined to own cell/room | <input type="checkbox"/> Given a higher custody level or different unit within the facility |
| <input type="checkbox"/> Transferred to another facility | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Transferred to another housing unit or dorm, or given a single room or cell | |
| <input type="checkbox"/> Separated from perpetrator | |
| <input type="checkbox"/> Issued disciplinary report or loss of privileges | |
| <input type="checkbox"/> Placed in a camera room, under closer surveillance or increased supervision | |

Other - *Specify* _____

Did the incident occur in an area subject to video monitoring? Yes No

What type of sexual violence was involved in the incident? (See definitions on next page)

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Inmate-on-inmate sexual harassment | <input type="checkbox"/> Inmate-on-inmate nonconsensual sexual act | <input type="checkbox"/> Inmate-on-inmate abusive sexual contact | <input type="checkbox"/> Staff sexual misconduct | <input type="checkbox"/> Staff sexual harassment |
|---|--|--|--|--|

Inmate-on-inmate Sexual Violence Categories - **Complete Part B**

NONCONSENSUAL SEXUAL ACTS:

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 vagina or the penis and the anus including penetration, however slight;

OR

- Contact between the mouth and the penis, vagina, or anus;

OR

- Penetration of the anal or genital opening of another person by a hand, finger, or other object.

ABUSIVE SEXUAL CONTACTS:

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 intent of the sexual contact is to harm or debilitate rather than to sexually exploit.

SEXUAL HARASSMENT:

Repeated and unwelcome sexual advances, requests for sexual favor, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, directed toward another.

Staff Sexual Misconduct - **Complete Part C**

DEFINITION: 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 ACTS

- Intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks 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 sexual gratification.

Staff Sexual Harassment - **Complete Part C**

DEFINITION: Repeated verbal statements or comments of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude inmate family, friends, or other visitors).

- Demeaning references to gender or derogatory comments about body or clothing;
OR
- Repeated profane or obscene language or gestures.

INMATE-ON-INMATE SEXUAL VIOLENCE/ HARASSMENT
Part B – To be completed by Office of Fugitive Apprehension
and Investigations or Facility

OFAI Case No: _____

Was there more than one perpetrator? Yes No Total number of perpetrators? _____
(If more than one perpetrator, please complete a separate form for each)

Was there gang involvement? Yes No

Perpetrator Name: _____ **DOC #:** _____

Male Female Age: _____
 Transgender
 Intersex

Race/Ethnic Origin: White (not of Hispanic origin)
 Black (not of Hispanic origin)
 Hispanic or Latino
 American Indian/Alaska Native (not of Hispanic origin)
 Asian (not of Hispanic origin)
 Native Hawaiian or other Pacific Islander (not of Hispanic origin)
 Other racial category in your information system-
Specify _____

HIV/AIDS Status: Positive Negative

1. What was the final determination of the investigation?

- SUBSTANTIATED** – Complete questions 2-4
The event was investigated and determined to have occurred.
- UNSUBSTANTIATED** – Stop here
Evidence was insufficient to make a final determination that the event occurred.
- UNFOUNDED** – Stop here
The event was determined NOT to have occurred.

2. What was the nature of the incident: (Mark all that apply.)

- Voluntary sexual contact between adults
- Sexual harassment
- Indecent exposure, masturbation, or voyeurism
- Horseplay
- Repeated and unwelcome sexual advances or requests for sexual favors
- Unwanted touching for sexual gratification or abusive sexual contact
- Pressure/coercion (without force) resulting in a nonconsensual sexual act
- Physical force (or the threat of force) resulting in a nonconsensual sexual act
- Other -
Specify _____

3. What type of pressure or physical force was used by the perpetrator on the victim(s): (Mark all that apply)

- Sexual harassment, sexual innuendo, or verbal comments
- Persuasion or talked into sexual activity
- Surprised the victim with unwanted touching, grabbing, or groping or victim was asleep
- Bribery or blackmail
- Gave victim drugs or alcohol
- Offered protection from other inmates
- Threatened with physical harm
- Physically held victim down or restrained some way
- Physically harmed or injured
- Threatened with a weapon
- None
- Other - Specify _____

4. What sanction was imposed on the perpetrator: *(Mark all that apply)*

- Placed in solitary confinement or disciplinary segregation
 - Confined to own cell/room
 - Placed in higher custody level, restricted unit or program within the same facility
 - Transferred to other unit/cell or separated from victim
 - Transferred to another facility
 - Loss of "good/gain" time or increase in "bad" time or delayed release
 - Given extra work
 - Loss of privileges, disciplinary report or conduct violation or other reprimand
 - Sent to counseling or treatment team
 - Arrested or referred to law enforcement agency
 - Referred for prosecution or indicted
 - Convicted, given new sentence, or fined
 - Other - *Specify* _____
-

5. What sanction was imposed on the staff? (Mark all that apply)

- Sent to training or counseling
- Reprimanded or disciplined
- Demoted or diminished responsibilities or suspended temporarily
- Transferred to another facility or unit
- Arrested or referred to law enforcement agency
- Referred for prosecution or indicted
- Convicted, plead guilty, sentenced or fined
- Discharged, terminated, or contract not renewed
- Staff resigned (prior to completion of investigation)
- Staff resigned (after investigation was completed)
- Other – _____ No Action Taken

6. At the time of the incident, how long had the staff worked at the facility?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 5 to 10 years
- More than 10 years