

OIG USE ONLY

Case №: _____

Attachment C

OP-030601

Page 1 of 8

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:** _____ **ODOC#:** _____☐ 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 _____**What was the victim's sex or gender identity?**☐ Male ☐ Transgender
☐ Female ☐ Intersex**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 - <i>Specify</i> _____ | |

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 | |
| <input type="checkbox"/> Other - <i>Specify</i> _____ | | |

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 Inspector General
or Facility

OIG 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: _____ **ODOC #:** _____

☐ 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* _____

STAFF SEXUAL MISCONDUCT AND HARASSMENT
Part C – To be completed by office of Inspector General
or Facility

OIG Case No: _____

Was there more than one staff involved? ☐ Yes ☐ No
(If more than one staff, please complete a separate form for each)

Number of staff involved in the incident: _____

Staff Name: _____

- ☐ 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
 Hispanic origin)
 ☐ Other racial category in your information system-
 Specify _____

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

- ☐ Physical force resulting in a nonconsensual sexual act
☐ Pressure or abuse of power resulting in a nonconsensual sexual act
☐ Indecent exposure, invasion of privacy, or voyeurism for sexual gratification
☐ Unwanted touching for sexual gratification
☐ Sexual harassment or repeated verbal statements of a sexual nature by staff
☐ Wrote letters, showed pictures or offered gifts or special privileges to inmate
☐ Sexual relationship between inmate and staff that appeared to be willing
☐ Other – Specify: _____
☐ Level of coercion unknown

2. What was final determination of investigation?

- ☐ SUBSTANTIATED – Complete questions 3-5
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.

3. Was the staff involved in the incident an employee of the facility, a contractor or a volunteer? (Mark all that apply for all staff involved)

- ☐ Full or part-time paid employee
☐ Contract employee or vendor
☐ Volunteer or intern
☐ Other - Specify _____

4. What was the primary position description of the staff involved in the incident? (Mark all that apply)

- Administrator, including wardens, deputy warden, facility heads,
☐ Corrections, Assistants, and others in administrative positions
☐ Correctional officers/probation and parole officers/supervision staff
☐ Clerical, including secretaries, clerks, receptionists, and other administrative support
☐ Maintenance and other facility support staff, including groundskeepers, janitors, cooks, and drivers
☐ Medical or health care staff, including counselors, doctors, dentists, psychologists, psychiatrists, social workers, nurses and medical assistants
☐ Education staff, including instructors, teachers, librarians, and education assistants
☐ Other program staff
☐ Volunteer or Interns
☐ 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