

**OIG USE ONLY**

Case No: \_\_\_\_\_

**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
  - Female
  - Transgender
  - Intersex

**Location of incident:** *(Mark all that apply.)*

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

- 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.)*

- No injuries
- Anal or vaginal tearing
- Internal Injuries
- Bruises, black eye, sprains, cuts, scratches, swelling, welts
- Other - *Specify* \_\_\_\_\_
- Broken bones
- Teeth chipped or knocked out
- Knocked unconscious
- Knife or stab wounds

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

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

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

Other - Specify \_\_\_\_\_

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

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

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

- Placed in or returned to administrative segregation/protective custody
- Placed in a medical infirmary, special unit, or hospital
- Confined to own cell/room
- Given a higher custody level or different unit within the facility
- None of the above
- Transferred to another facility
  - Transferred to another housing unit or dorm, or given a single room or cell
  - Separated from perpetrator
  - Issued disciplinary report or loss of privileges
  - 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)

- Inmate-on-inmate sexual harassment
- Inmate-on-inmate nonconsensual sexual act
- Inmate-on-inmate abusive sexual contact
- Staff sexual misconduct
- 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:<br>_____ |
|-----------------------|

**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:<br>_____ |
|-----------------------|

**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