



DEPARTMENT OF THE NAVY
TRANSIENT PERSONNEL UNIT/PRE-TRIAL CONFINEMENT FACILITY
JACKSONVILLE, FLORIDA 32212-0086

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11 Feb 21

From: Commanding Officer, Transient Personnel Unit/Pre-Trial Confinement Facility,
Jacksonville
To: Commander, Navy Personnel Command (PERS-00D)
Subj: CALENDAR YEAR 2020 PRISON RAPE ELIMINATION ACT ANNUAL FACILITY
REPORT

Encl: (1) Bureau of Justice Statistics Form SSV-4, Survey of Sexual Violence

1. Data Collection. Enclosure (1) reflects accurate collection of data from this facility as required by Prison Rape Elimination Act during CY-20.
2. Data Comparison. During CY-20, Pre-Trial Confinement Facility Jacksonville reported zero incidents of sexual related offenses outlined in enclosure (1).
3. Facility Assessment. I have reviewed our confinement facility data collected within enclosure (1). I have found that continued supervision, situational awareness, and training for staff and prisoner population in the facility has resulted in zero incidents. I have also reviewed all of our internal policies, practices, and training as satisfactory.
4. My point of contact is LT Daniel Gallagher who can be contacted by phone: (904)542-4450 or email: daniel.p.gallagher2@navy.mil.


R. V. LITTLE

FORM **SSV-4**
(4-16-2020)

SURVEY OF SEXUAL VICTIMIZATION, 2020
Other Correctional Facilities
Summary Form

U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT
 U.S. DEPT. OF COMMERCE
 U.S. CENSUS BUREAU

DATA SUPPLIED BY

Name Roderick V. Little		Title Commanding Officer		
OFFICIAL ADDRESS	Number and street or P.O. Box/Route Number PO BOX 86	City Jacksonville	State FL	ZIP Code 32212
TELEPHONE	Area code 904	Number 542-1005	FAX NUMBER	Area Code
E-MAIL ADDRESS	roderick.little@navy.mil			

(Please correct any error in name, mailing address, and ZIP Code)

What facilities are included in this data collection?

- **PRIVATELY OPERATED FACILITIES:** All privately owned or operated confinement facilities including prisons, jails, detention centers, community-based facilities, and other correctional facilities that are intended for adults but sometimes hold juveniles. INCLUDE privately operated multi-jurisdictional facilities.
- **FACILITIES OPERATED BY OR FOR:**
- **THE UNITED STATES MILITARY**
- **THE BUREAU OF IMMIGRATION AND CUSTOMS ENFORCEMENT**
- **TRIBAL AUTHORITIES**
- **THE BUREAU OF INDIAN AFFAIRS**

What inmates and incidents are included in this data collection?

Inmates under your custody between January 1, 2020, and December 31, 2020.

- INCLUDE incidents involving inmates under the authority, custody, or care of your confinement or community-based facilities or staff.
- **(EXCLUDE Inmates held in other jurisdictions.)**

Reporting instructions:

- Please complete the entire SSV-4 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 ☒ the box beside each figure.
- Sections II, III, and IV: if the answer to a question is "none" or "zero," write "0" or mark the box ☒ provided.

Substantiated incidents of sexual violence:

- Please complete an Incident Form Adult, SSV-IA) for each substantiated incident of sexual victimization.

Returning forms:

- If you need assistance, please call 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 November 12, 2021.**
- **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) TO: 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.

Section I - GENERAL INFORMATION**1. How many persons under the supervision of your facility were—****a. CONFINED on December 31, 2020?**

- INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
- INCLUDE persons out to court while under your jurisdiction.
- INCLUDE persons held for other jurisdictions.
- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
- EXCLUDE all persons in non-residential community-based programs run by your facility (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).

	Male	Female
Inmates on December 31, 2020	7	<input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/>

b. ADMITTED to your facility during 2020?

- INCLUDE new admissions only, i.e., persons officially booked into and housed in your facilities by formal legal document and by the authority of the courts or some other official agency.
- INCLUDE repeat offenders booked on new charges.
- EXCLUDE returns from escape, work release, medical appointments/treatment facilities, and bail or court appearances.

	Male	Female
New admissions during 2020	36	<input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>

2. Between January 1, 2020, and December 31, 2020, what was the average daily population of your confinement facility?

- To calculate the average daily population, add the number of persons for each day during the period January 1, 2020, through December 31, 2020, and divide the result by 365.

	Male	Female
Average daily population	5	<input checked="" type="checkbox"/> 0 <input type="checkbox"/>

Section II - INMATE-ON-INMATE SEXUAL VICTIMIZATION**DEFINITIONS**

The survey utilizes the definition of "sexual abuse" 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). Attempted nonconsensual sexual acts are included if recorded by the facility. For purposes of SSV, sexual abuse is disaggregated into three categories of inmate-on-inmate sexual victimization. These categories are:

NONCONSENSUAL SEXUAL ACTS

Sexual 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 vulva or the penis and the anus including penetration, however slight;

OR

- 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, 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 contact was incidental to a physical altercation.

SEXUAL HARASSMENT

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

3. Does your facility record allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS? (See definitions on page 2.)

☒ Yes → **a. Do you record all reported occurrences, or only substantiated ones?**

- ☒ All
☐ Substantiated only

b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones?

- ☒ Both attempted and completed
☐ Completed only

☐ No → Please provide the definition used by your facility for inmate-on-inmate NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 4 and 5.

4. Between January 1, 2020, and December 31, 2020, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?

Number reported 0 ☒ None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

5. Of the allegations reported in Item 4, 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 ☒ 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 ☒ None

- The investigation concluded that evidence was insufficient to determine whether or not the event occurred.

c. Unfounded ☒ None

- 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 5a through 5d) ☒ None

- The total should equal the number reported in Item 4.

6. Does your facility record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT? (See definitions on page 2.)

☒ Yes → **Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?**

- ☒ Yes
☐ No → Skip to Item 9.

☐ No → Please provide an explanation in the space below and then skip to Item 9.

7. Between January 1, 2020, and December 31, 2020, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported?

Number reported 0 ☒ None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

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.)

a. Substantiated ☒ None

b. Unsubstantiated ☒ None

c. Unfounded ☒ None

d. Investigation ongoing ☒ None

e. TOTAL (Sum of Items 8a through 8d) ☒ None

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

9. Does your facility record allegations of inmate-on-inmate SEXUAL HARASSMENT? (See definitions on page 2.)

01 ☒ Yes → **Do you record all reported allegations or only substantiated ones?**

01 ☒ All

02 ☐ Substantiated only

02 ☐ No → Please provide an explanation in the space below and then skip to Section III.

10. Between January 1, 2020, and December 31, 2020, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?

Number reported 0 ☒ None

- If an allegation involved multiple victims or inmate perpetrators, count only once.
- Exclude any allegations that were reported as consensual.

11. Of the allegations reported in Item 10, 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 ☒ None

b. Unsubstantiated ☒ None

c. Unfounded ☒ None

d. Investigation ongoing ☒ None

e. TOTAL (Sum of Items 11a through 11d) ☒ None

- The total should equal the number reported in Item 10.

Section III – STAFF-ON-INMATE SEXUAL ABUSE

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-inmate sexual abuse. These categories are:

STAFF SEXUAL MISCONDUCT

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 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 reason unrelated to official duties or for sexual gratification.

STAFF SEXUAL HARASSMENT

Repeated verbal comments or gestures of a sexual nature to an inmate 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.

12. Does your facility record allegations of STAFF SEXUAL MISCONDUCT? (See definitions on page 4.)

☒ Yes → Do you record all reported occurrences, or only substantiated ones?

☒ All

☐ Substantiated only

☐ No → Please provide an explanation in the space below and then skip to Item 15.

13. Between January 1, 2020, and December 31, 2020, how many allegations of STAFF SEXUAL MISCONDUCT were reported?

Number reported 0 ☒ None

- If an allegation involved multiple victimizations, count only once.

14. Of the allegations reported in Item 13, how many were — (Please contact the agency or office responsible for investigation allegations of sexual victimization in order to fully complete this form.)

a. Substantiated ☒ None

b. Unsubstantiated ☒ None

c. Unfounded ☒ None

d. Investigation ongoing ☒ None

e. TOTAL (Sum of Items 14a through 14d) 0 ☒ None

- The total should equal the number reported in Item 13.

15. Does your facility record allegations of STAFF SEXUAL HARASSMENT? (See definitions on page 4.)

☐ Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT?

☒ Yes

☐ No → Skip to Item 18.

☐ No → Please provide an explanation in the space below and skip to Item 18.

16. Between January 1, 2020, and December 31, 2020, how many allegations of STAFF SEXUAL HARASSMENT were reported?

Number reported 0 ☒ None

- If an allegation involved multiple victims or staff, count only once.

17. Of the allegations reported in Item 16, 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 ☒ None

b. Unsubstantiated ☒ None

c. Unfounded ☒ None

d. Investigation ongoing ☒ None

e. TOTAL (Sum of Items 17a through 17d) 0 ☒ None

- The total should equal the number reported in Item 16.

**Section IV - TOTAL SUBSTANTIATED
INCIDENTS OF SEXUAL VICTIMIZATION**

NOTES

18. What is the total number of substantiated incidents reported in Items 5a, 8a, 11a, 14a, and 17a?

Total substantiated incidents 0 ☒ None

→ Please complete a Substantiated Incident Form (Adult, SSV-1A) for each substantiated incident of sexual victimization.