### **DEPARTMENT OF THE NAVY**

# TRANSIENT PERSONNEL UNIT/PRE-TRIAL CONFINEMENT FACILITY JACKSONVILLE, FLORIDA 32212-0086

1640 Ser N00/002 19 Jan 22

From: Commanding Officer, Transient Personnel Unit/Pre-Trial Confinement Facility.

Jacksonville

To: Commander, Navy Personnel Command (PERS-00D)

Subj: CALENDAR YEAR 2021 PRISON RAPE ELIMINATION ACT ANNUAL FACILITY

REPORT

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

1. <u>Data Collection</u>. Enclosure (1) reflects accurate collection of data from this facility as required by Prison Rape Elimination Act during CY-21.

2. <u>Data Comparison</u>. During CY-21, Pre-Trial Confinement Facility Jacksonville reported zero incidents of sexual related offenses outlined in enclosure (1).

3. <u>Facility Assessment</u>. 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. Point of contact is LT Daniel Gallagher who can be contacted by phone: (904) 542-4450 or email: <u>Daniel.p.gallagher.mil@us.navy.mil</u>.

R. V. LITTLE

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FORM SSV-4 (4-78-2022)



## SURVEY OF SEXUAL VICTIMIZATION, 2021 Other Correctional Facilities

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

Other Correctional Facilities Summary Form

		DATA SI	JPPLIED E	BY		9 (0.000)	2000
Name			Title		76.4	- 197	20
	Roderic	k V. Little		Comm	nanding Office	er	
OFFICIAL ADDRESS	Number and	street or P.O. Box/Route Number P.O. Box 86	er	City Jacksonville	State FL	ZIP Code 32212	
TELEPHONE	Area code 904	Number 542-1005		FAX NUMBER	Area Code	Number	
E-MAIL ADDRESS	Roo	derick.v.little.mil@us.navy.mil			<del></del>		

(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, 2021, and December 31, 2021.

- 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 X 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 ||X|| 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 13, 2022.
- 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

### Section II - INMATE-ON-INMATE SEXUAL VICTIMIZATION

## nany persons under the supervision of your

### a. CONFINED on December 31, 2021?

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

	Male		Female	
Inmates on December 31, 2021	4	×	0	×

### b. ADMITTED to your facility during 2021?

- 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	remale	
New admissions during 2021	46	3	

- 2. Between January 1, 2021, and December 31, 2019, 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, 2021, through December 31, 2021, and divide the result by 365.

	Male	Female	
Average daily population	4	☑ 0	×

### 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 inductive states are included in 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;

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

AND

Contact between the mouth and the penis, vuiva, or

### 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 immate-on- immate NONCONSENSUAL SEXUAL ACTS? (See definitions on page 2.)	6. Does your facility record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT? (See definitions on page 2.)
or only substantiated ones?	of ⊠ Yes → Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?
01 X All	
02 Substantiated only	01 ⊠ Yes
	02 No → Skip to Item 9.
b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones?	№ No → Please provide an explanation in the space below and then skip to Item 9.
01 ☑ Both attempted and completed	
02 Completed only	
02 ☐ 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, 2021, and December 31, 2021, how many allegations of inmate- on-inmate NONCONSENSUAL SEXUAL ACTS were reported?	7. Between January 1, 2021, and December 31, 2021, how many allegations of inmate- on-inmate ABUSIVE SEXUAL CONTACT were reported?
Number reported0 None	Number reported None
<ul> <li>If an allegation involved multiple victimizations, count only once.</li> </ul>	<ul> <li>If an allegation involved multiple victimizations, count only once.</li> </ul>
Exclude any allegations that were reported as consensual.	<ul> <li>Exclude any allegations that were reported as consensual.</li> </ul>
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.)	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	
<ul> <li>The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).</li> </ul>	a. Substantiated
b. Unsubstantiated None	b. Unsubstantiated 🖂 None
The investigation concluded that evidence was insufficient	
to determine whether or not the event occurred.	
	c. Unfounded
c. Unfounded 🖂 🖂 None	
<ul> <li>The investigation determined that the event did NOT occur.</li> </ul>	
	d. Investigation ongoing
d. Investigation ongoing 🖾 None	
<ul> <li>Evidence is still being gathered, processed or evaluated, and a final determination has not yet been made.</li> </ul>	
	e. TOTAL (Sum of Items 8a
e. TOTAL (Sum of Items 5a through 5d) 0 None	through 8d)
The total should equal the number reported in Item 4.	The total should equal the number reported in Item 7.
The total should equal the humber reported in items 4.	

9. Does your facility record allegations of immate-on- immate SEXUAL HARASSMENT? (See definitions on page 2.)  O1  Yes   Do you record all reported allegations or only substantiated ones?  O1  All  O2  Substantiated only  O2  No   Please provide an explanation in the space below and then skip to Section III.  SECTION III STATE ON INMATE SEXUAL And III SEXUAL AND SECTION III STATE ON INMATE SEXUAL AND III SEXUAL AND	
ones?  Ones.  O	
allegations or only substantiated ones?  oni⊠ All  Act of 2003). For purposes of SSV, sexual abuse is disaggregated into two categories of staff-on-inmate abuse. These categories are:  STAFF SEXUAL MISCONDUCT  Any behavior or act of a sexual nature directed tow inmate by an employee, volunteer, contractor, officion of other agency representative (exclude family, fried other visitors).	SV15
STAFF SEXUAL MISCONDUCT  Any behavior or act of a sexual nature directed tow inmate by an employee, volunteer, contractor, offici or other agency representative (exclude family, fries other visitors).	C.F.R. ct, and Eimination s
inmate by an employee, volunteer, contractor, offici or other agency representative (exclude family, frie other visitors).	
Sexual relationships of a mmantic nature hatuners	ial visitor
inmates are included in this definition. Consensual nonconsensual sexual acts include—	staff and or
Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inn or buttocks that is unrelated to official duties or vintent to abuse, arouse, or gratify sexual desire;	ner thigh, with the
OR OR	
Completed, attempted, threatened, or requested s	sexual acts;
10. Between January 1, 2021, and December 31, 2021, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?  Occurrences of indecent exposure, invasion of processing the control of th	orivacy, d duties
Number reported 0 None STAFF SEXUAL HARASSMENT	
<ul> <li>If an allegation involved multiple victims or inmate perpetrators, count only once.</li> <li>Exclude any allegations that were reported as consensual.</li> </ul> Repeated verbal comments or gestures of a sexual reinmate by an employee, volunteer, contractor, official other agency representative (exclude family, friends, visitors). Include—	I visitor, or
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.)      Demeaning references to gender, or sexually su or derogatory comments about body or clothing;	iggestive
OR	
Repeated profane or obscene language or gest      None	ures.
b. Unsubstantiated None	
c. Unfounded None	
d. Investigation ongoing 🗵 None	
e. TOTAL (Sum of Items 11a through 11d)	

12. Does your facility record allegations of STAFF SEXUAL MISCONDUCT? (See definitions on page 4.)	15. Does your facility record allogations of STAFF SEXUAL HARASSMENT? (See definitions on page 4.)
Of Yes -> Do you record all reported occurrences, or only substantiated ones?	01 ⊠ Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT?
01 🔀 All	01⊠ Yes
02 Substantiated only	02 No → Skip to Item 18.
02 ☐ No → Please provide an explanation in the space below and then skip to Item 15.	o2 ☐ No → Please provide an explanation in the space below and skip to Item 18.
13. Between January 1, 2021, and December 31, 2021, how many allegations of STAFF SEXUAL MISCONDUCT were reported?	16. Between January 1, 2021, and December 31, 2021, how many allegations of STAFF SEXUAL HARASSMENT were reported?
Number reported 0 None	Number reported 0 None
<ul> <li>If an allegation involved multiple victimizations, count only once.</li> </ul>	<ul> <li>If an allegation involved multiple victims or staff, count only once.</li> </ul>
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.)	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	a. Substantiated 🔲 None
b. Unsubstantiated 🖂 None	b. Unsubstantiated 🖂 None
c. Unfounded	c. Unfounded None
d. Investigation ongoing 🖾 None	d. Investigation ongoing 🖾 None
e. TOTAL (Sum of Items 14a through 14d) 0 None	e. TOTAL (Sum of Items 17a through 17d)
The total should equal the number reported in Item 13.	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	
	20
	# # # # # # # # # # # # # # # # # # #

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Enclosure (1)

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