



SURVEY OF SEXUAL VICTIMIZATION: 2023
Other Correctional Facilities
Summary Form

DATA SUPPLIED BY

Name Jeni Nichols		Title Administrator			
OFFICIAL ADDRESS	Number and street or P.O. Box/Route Number 111 W Broadway St		City Butte	State MT	ZIP Code 59701
TELEPHONE	Area code 406	Number 782-6626 ext 302	FAX NUMBER	Area Code 406	Number 782-6676
E-MAIL ADDRESS	jnichols@cccscorp.com				

(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, ²⁰²⁴~~2023~~, and December 31, ²⁰²⁴~~2023~~

- 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" on the line.

Substantiated incidents of sexual victimization:

- 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 gova.ssv@census.gov
- **Please return your completed summary and substantiated incident forms by December 2, 2024.**
- **You may complete these forms online at:** <https://respond.census.gov/ssv>
- **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

1. How many persons under the supervision of your facility were —

a. CONFINED on December 31, 2024

- 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 2024 December 31, 2024 ... 64 n/a

b. ADMITTED to your facility during 2024

- 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 2024 ... 286 n/a

2. Between January 1, 2024, and December 31, 2024, 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, 2024, through December 31, 2024, and divide the result by 365.

Male Female

Average daily population ... 65.25 n/a

DEFINITIONS

This survey utilizes the PREA standard definitions for types of sexual victimization. These categories are:

SEXUAL ABUSE

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- (4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact 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, detainee, or resident directed toward another.

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

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

01 All

02 Substantiated only

02 No → Please provide an explanation as to why your agency does not record inmate-on-inmate **SEXUAL ABUSE** allegations, in the space below, and skip to item 6.

4. Between January 1, ~~2023~~²⁰²⁴, and December 31, ~~2023~~²⁰²⁴, how many allegations of inmate-on-inmate **SEXUAL ABUSE were reported?**

Number reported 0

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, 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** 0

- The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).

b. **Unsubstantiated** 0

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

c. **Unfounded** 0

- The investigation determined that the event did NOT occur.

d. **Investigation ongoing** 0

- 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)** 0

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

6. 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 as to why your agency does not record inmate-on-inmate **SEXUAL HARASSMENT** allegations, in the space below, and skip to Section II.

7. Between January 1, ~~2023~~²⁰²⁴, and December 31, ~~2023~~²⁰²⁴, how many allegations of inmate-on-inmate **SEXUAL HARASSMENT were reported?**

Number reported 2

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated harassment with the same victim/s and perpetrator/s involved, 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** 0

b. **Unsubstantiated** 2

c. **Unfounded** 0

d. **Investigation ongoing** 0

e. **TOTAL (Sum of Items 8a through 8d)** 2

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

Section III STAFF-ON-INMATE SEXUAL VICTIMIZATION

DEFINITIONS

STAFF SEXUAL ABUSE

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)–(5) of this section;
- (7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and
- (8) Voyeurism by a staff member, contractor, or volunteer.

STAFF SEXUAL HARASSMENT

Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

9. Does your facility record allegations of STAFF SEXUAL ABUSE?

- 01 Yes → Do you record all reported occurrences, or only substantiated ones?
- 01 All
- 02 Substantiated only
- 02 No → Please provide an explanation as to why your agency does not record **STAFF SEXUAL ABUSE** allegations, in the space below, and skip to Item 10.

10. Between January 1, 2023, and December 31, 2023, how many allegations of STAFF SEXUAL ABUSE were reported?

Number reported 0

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, count only once.

11. Of the allegations reported in Item 10, 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 0
- b. Unsubstantiated 0
- c. Unfounded 0
- d. Investigation ongoing 0
- e. TOTAL (Sum of Items 11a through 11d) 0

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

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

01 Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL ABUSE?

01 Yes

02 No → Skip to Item 15.

02 No → Please provide an explanation as to why your agency does not record STAFF SEXUAL HARASSMENT allegations, in the space below, and skip to Item 15.

13. Between January 1, 2023, and December 31, 2023, how many allegations of STAFF SEXUAL HARASSMENT were reported?

Number reported 0

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated harassment with the same victim/s and perpetrator/s involved, count only once.

14. Of the allegations reported in Item 13, 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 0

b. Unsubstantiated 0

c. Unfounded 0

d. Investigation ongoing 0

e. TOTAL (Sum of Items 14a through 14d) 0

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

Section IV TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION

15. What is the total number of substantiated incidents reported in items 5a, 8a, 11a, and 14a?

Total substantiated incidents 0

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

NOTES