OMB No. 1121-0292: Approval Expires 08/31/2024							
FORM <b>SSV-6</b> (6-7-2022)	A DE LOS DE LES	SURVEY OF SEXUAL Locally or Privately-Ope Summa	rated Ju	•		BU	DEPARTMENT OF JUSTICE REAU OF JUSTICE STATISTICS ND ACTING AS COLLECTION AGENT U.S. DEPT. OF COMMERCE U.S. CENSUS BUREAU
DATA SUPPLIED BY							
Name Title							
Michael Breedlove Facility Administrator							
OFFICIAL ADDRESS	Number and s 800 N Ave	street or P.O. Box/Route Number F	City Post		State TX	ZIP Code 79356	
TELEPHONE	Area code 806	Number 4951261		FAX NUMBER		Area Code 06	Number 4953494
E-MAIL ADDRESS	mike.breedlo	ve@cornerstoneprograms.co	n				

## 448085000051010000000

GARZA COUNTY REGIONAL JUVENILE CENTER

## What facilities are included in this data collection?

All juvenile residential placement facilities operated or administered by a local government and all privately owned or operated facilities that are used to house juveniles and youthful offenders, regardless of age or reason for placement.

 INCLUDE locally-operated juvenile residential facilities; privately owned or operated juvenile residential facilities; detention centers, training schools, long-term secure facilities; reception or diagnostic centers; group homes or halfway houses; boot camps; ranches; forestry camps, wilderness or marine programs, or farms; runaway or homeless shelters; and residential treatment centers for juveniles.

• EXCLUDE State operated juvenile residential facilities. (These facilities will be contacted directly for data on sexual victimization.)

# What persons and incidents are included in this data collection?

Juveniles and youthful offenders, regardless of age or reason for placement, under your custody between January 1, 2021, and December 31, 2021.

- INCLUDE incidents involving juveniles or youthful offenders under the authority, custody, or care of your confinement or community-based facilities or staff.
- EXCLUDE incidents involving juveniles or youthful offenders held in facilities operated by your State juvenile system.

## Reporting instructions:

• Please complete the entire SSV-6 Form.

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

- 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 V: if the answer to a questions "none" or "zero," write "0" or mark the box (X) provided.

## Substantiated incidents of sexual violence:

 Please complete an Incident Form (Juvenile, SSV-IJ) 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 December 1, 2022.
- You may complete these forms online at: https://ssv.census.gov/
- MAIL TO: U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000
- FAX (TOLL FREE): 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.

## DEFINITIONS

#### **JUVENILES and YOUTHFUL OFFENDERS**

• Any person under the custody or care of a juvenile residential facility owned or operated by a local government or private agency.

#### FACILITIES

INCLUDE all juvenile residential placement facilities operated or administered by a local government and all privately owned or operated facilities that are used to house juveniles and youthful offenders charged with or court-adjudicated for:

• Any offense that is illegal for both adults and juveniles;

#### OR

 An offense that is ILLEGAL in your State for juveniles, but not for adults (running away, truancy, incorrigibility, curfew violations, and liquor violations).

EXCLUDE all State-operated facilities and locally or privately-operated facilities used ONLY to house juveniles for:

Non-criminal behavior (neglect, abuse, abandonment, or dependency);

OR

 Being Persons in Need of Services (PINS) or Children in Need of Services (CHINS) who have assigned beds for reasons other than offenses.

## **Section I – GENERAL INFORMATION**

#### 1. Is this facility owned by a

01 Private agency

- 02 Native American Tribal Government
- 03 State
- 04 🗶 County
- 05 Local or municipal government
- 06 Other Specify Z

## 2. Is this facility operated by a

- 01 X Private agency
- 02 Native American Tribal Government
- 03 State
- 04 County
- 05 Local or municipal government
- 06 Other Specify Z

3. On December 31, 2021, how many persons held in this facility were 29 a. Males b. Females 0 29 c. TOTAL(Sum of Items 3a and 3b) . · Count persons held in the facility regardless of age or reason for placement. Include persons who were temporarily away but had assigned beds on December 31, 2021. 4. On December 31, 2021, how many persons held in this facility were 19 a. Age 17 or younger 10 0 c. Age 21 or older **d. TOTAL** (Sum of Items 4a through 4c should equal Item 3c) 29 • Count all persons held in the facility regardless of age or reason for placement. Include persons who were temporarily away but had assigned beds on December 31, 2021. 5. Between January 1, 2021, and December 31, 2021, how many persons were admitted to or discharged from this facility? 97 a. TOTAL number admitted 101 b. TOTAL number discharged Include all persons admitted to this facility by a formal legal document, by the authority of the courts, or by some other official agency. Include all persons discharged from this facility after a period of confinement including sentence completion, pretrial releases, transfers to adult jurisdictions or to other States, and deaths. • Exclude admissions and discharges resulting from returns from escape, administrative transfers to other juvenile facilities, or temporary release including

work/school release, medical appointments, other treatment facilities, or court appearances.

## Section II – YOUTH-ON-YOUTH 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 youth-on-youth 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 youth directed toward another. 6. Does your facility record allegations of youth-on-youth NONCONSENSUAL SEXUAL ACTS?

#### on ¥ Yes → a. Do you record all reported occurrences, or only substantiated ones?

- 01 🗶 All
- 02 Substantiated only

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

- 01 K Both attempted and completed
- 02 Completed only

02 No → Please provide the definition used by your facility for youth-on-youth NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 7 and 8.

7. Between January 1, 2021 and December 31, 2021, how many allegations of youth-on-youth NONCONSENSUAL SEXUAL ACTS were reported?

	how	 orte
	Der.	orte

d . . . . . . . . .

If an allegation involved multiple victimizations, count only once.

0

• 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.)

- The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).
- **b. Unsubstantiated** . . . . .
  - The investigation concluded that evidence was insufficient to determine whether or not the event occurred.

0

0

□ None

None

- c. Unfounded
  - The investigation determined that the event did NOT occur.

- Evidence is still being gathered, processed or evaluated, and a final determination has not yet been made.
- e. TOTAL (Sum of Items \_\_\_\_\_0 \_\_\_ None

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

<b>9. Does your facility record allegations of youth-on-youth ABUSIVE SEXUAL CONTACT?</b> (See definitions on page 3.)	<b>12. Does your facility record allegations of</b> <b>youth-on-youth SEXUAL HARASSMENT?</b> (See definitions on page 3.)			
<ul> <li>O1 ➤ Yes → Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?</li> <li>O1 ➤ Yes</li> </ul>	<ul> <li>O1 Yes → Do you record all reported allegations or only substantiated ones?</li> <li>O1 X All</li> </ul>			
02 🗌 No 🔿 Skip to Item 12.	02 Substantiated only			
$_{02}$ $\square$ No $\rightarrow$ Please provide an explanation in the space below and then skip to Item 12.	02 No → Please provide an explanation in the space below and then skip to Section III.			
10. Between January 1, 2021, and December 31, 2021, how many allegations of youth-on-youth ABUSIVE SEXUAL CONTACT were reported?	13. Between January 1, 2021, and December 31, 2021, how many allegations of youth-on-youth SEXUAL HARASSMENT were reported?			
Number reported	Number reported0			
<ul> <li>If an allegation involved multiple victimizations, count only once.</li> </ul>	<ul> <li>If an allegation involved multiple victims or youth perpetrators, count only once.</li> </ul>			
• Exclude any allegations that were reported as consensual.	• Exclude any allegations that were reported as consensual.			
<b>11. Of the allegations reported in Item 10, how many were</b> (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)	<b>14. Of the allegations reported in Item 13, how</b> <b>many were</b> (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)			
a. Substantiated	a. Substantiated			
<b>b. Unsubstantiated</b>	<b>b. Unsubstantiated</b>			
c. Unfounded	<b>c. Unfounded</b>			
<b>d. Investigation ongoing</b> 0 None	<b>d. Investigation ongoing</b> 0 None			
e. TOTAL (Sum of Items 11a through 11d)0 Inone	e. TOTAL (Sum of Items 14a through 14d)0 None			
<ul> <li>The total should equal the number reported in Item 10.</li> </ul>	<ul> <li>The total should equal the number reported in Item 13.</li> </ul>			

## Section III – STAFF-ON-YOUTH 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-youth sexual abuse. These categories are:

## **STAFF SEXUAL MISCONDUCT**

Any behavior or act of a sexual nature directed toward a youth 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 youths 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 reasons unrelated to official duties or for sexual gratification.

## **STAFF SEXUAL HARASSMENT**

Repeated verbal comments or gestures of a sexual nature to a youth 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.

15. Does your facility record allegations of STAFF SEXUAL MISCONDUCT?					
01 ¥ Yes → Do you record al occurrences, or ones?	ll reported only subs	tantiated			
01 🗶 All 02 🗌 Substantiated	only				
02 □ No → Please provide an e below and then skip	xplanation in to Item 18.	n the space			
16. Between January 1, 2021, and December 31, 2021, how many allegations of STAFF SEXUAL MISCONDUCT were reported?					
Number reported	1	None			
<ul> <li>If an allegation involved multiple once.</li> </ul>	e victimizatio	ns, count only			
<b>17. Of the allegations reported</b> <b>many were</b> (Please contact th responsible for investigating alleg victimization in order to fully comp	e agency or ations of sea	office kual			
a. Substantiated	1	None			
<b>b. Unsubstantiated</b>	0	□ □ None			
c. Unfounded	0	None			
d. Investigation ongoing .	0	_ □ None			
e. TOTAL (Sum of Items 17a through 17d)	1	None			
The total should equal the	number repo	rted in Item 16.			

18. Does your facility record allegations of STAFF SEXUAL HARASSMENT ? (See definitions on page 5.)			Section IV – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION				
separate STAFF S	01 ¥ Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT?			21. What is the total number of substantiated incidents reported in Items 8a, 11a, 14a, 17a, and 20a.			
01 ¥ Yes 02	→ Skip to Item 21		al substantiated dents	1 None			
02	ovide an explanation in the then skip to Item 21.	$\rightarrow$ Plea	ase complete a Substa /enile, SSV-IJ) for eac	Intiated Incident Form			
		inci	dent of sexual victimiz	zation.			
			NOTES				
	0004 - 1						
19. Between January 1 December 31, 2021 STAFF SEXUAL HAP	, 2021, and how many allegation ASSMENT were repo	ns of orted?					
Number reported	<u>1</u> 🗆 N	lone					
<ul> <li>If an allegation involv only once.</li> </ul>	ed multiple victims or staf	f, count					
responsible for investiga	eported in Item 19, ho contact the agency or offi ating allegations of sexua fully complete this form.)	ice					
a. Substantiated		lone					
b. Unsubstantiated	<u>0</u>	lone					
<b>c. Unfounded</b>	<u>1</u>	lone					
d. Investigation ong	joing 0 🗆 🗆 N	lone					
e. TOTAL (Sum of Iter through 20d)	ms 20a 1 N	lone					
The total should e	equal the number reported	in Item 19.					
FORM SSV-6 (6-7-2022)		Page 6					