FORM **SSV-2** (3-9-2021)



SURVEY OF SEXUAL VICTIMIZATION, 2020

State Prison Systems 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
Danielle Reynolds

Title
PREA Coordinator

OFFICIAL ADDRESS

Number and street or P.O. Box/Route Number 801 West Prospector Place, Bldg #1

City Lincoln State ZIP Code 68509

TELEPHONE

Area code Number 4795660

FAX NUMBER Area Code Number 402 4795619

E-MAIL ADDRESS

danielle.reynolds@nebraska.gov

28000000070000002800

Nebraska Department of Correctional Services

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

What facilities are included in this data collection?

All State-operated confinement facilities that are intended for adults but sometimes hold juveniles.

- INCLUDE prisons, penitentiaries, and correctional institutions; boot camps; community correction facilities; halfway houses; prison farms; reception, diagnostic, and classification centers; road camps; forestry and conservation camps; vocational training facilities; prison hospitals; and drug and alcohol treatment facilities for prisoners.
- INCLUDE State-operated local detention facilities in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont
- EXCLUDE privately operated facilities and facilities operated and administered by local governments. (These facilities will be contacted directly for data on sexual victimization.)
- EXCLUDE facilities that hold only juveniles. (These facilities will be contacted directly for data on sexual victimization.)

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 incidents involving inmates held in local jails and facilities in other jurisdictions.

Reporting instructions:

- Please complete the entire SSV-2 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.
- If the answer to a question is "none" or "0," 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 Greta Clark at the U.S. Census Bureau toll-free at 1-800-253-2078, or e-mail greta.b.clark@census.gov
- Please return your completed summary and substantiated incident forms by November 12, 2021.
- 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 60 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 - 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;

OF

 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.

1.	Does your State prison system record allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS?				
	01 ▼ Yes → a. Do you record all reported occurrences, or only substantiated ones?				
	01 × All				
	02 ☐ Substantia	ted only			
	b. Do you reco NONCONSE or only com	ENSUAL S	EXUAL ACTS		
	01 ☑ Both atte	•	completed		
	02 ☐ No → Please provide the State prison system NONCONSENSUAL space below. Use t Items 2 and 3.	n for inmate L SEXUAL /	on-inmate ACTS in the		
2. Between January 1, 2020, and December how many allegations of inmate-on-ing NONCONSENSUAL SEXUAL ACTS were			nmate		
	Number reported	12	□ None		
	 If an allegation involved multip count only once. 	ole victimiza	ations,		
	Exclude any allegations that v consensual.	vere reporte	ed as		
3.	Of the allegations reported many were — (Please contact responsible for investigating alle victimization in order to fully contact to the contact responsible for investigating allevictimization in order to fully contact to the contact responsible for investigating allevictimization in order to fully contact responsible for investigations.	t the agenc gations of s	y or office sexual		
	a. Substantiated	0	× None		
	The event was investigated have occurred, based on a evidence (28 C.F.R. §115.)	preponder	mined to ance of the		
	b. Unsubstantiated	6	. None		
	 The investigation conclude insufficient to determine whoccurred. 	d that evidenether or no	ence was of the event		
	c. Unfounded	0	× None		
	The investigation determine occur.	ed that the	event did NOT		
	d. Investigation ongoing	6	. None		
	Evidence is still being gath and a final determination h	ered, proce as not yet b	essed or evaluated, been made.		
	e. TOTAL (Sum of Items 3a through 3d	12	. None		

• The total should equal the number reported in Item 2.

4.	Does your State prison sys allegations of inmate-on-in SEXUAL CONTACT? (See de	mate ABUSIVE	7. Does your State prison syst allegations of inmate-on-inn HARASSMENT? (See definition	nate SEXUAL
	01 ▼ Yes → Can these be co allegations of No SEXUAL ACTS?	unted separately from ONCONSENSUAL	01 ▼ Yes → Do you record al allegations or or ones?	l reported nly substantiated
	01 Yes 02 No → Skip to Ite	m 7.	01 ✗ All 02 ☐ Substantiated	only
	02 ☐ No → Please provide an e below and then skip		₀₂ ☐ No → Please provide an ex below and then skip	xplanation in the space to Section II.
	Between January 1, 2020, a how many allegations of in ABUSIVE SEXUAL CONTAC	mate-on-inmate	8. Between January 1, 2020, a how many allegations of inr SEXUAL HARASSMENT wer	nate-on-inmate
	Number reported If an allegation involved multip count only once.	□ None le victimizations,	Number reported	19 None le victims or y once.
	 Exclude any allegations that w consensual. 	ere reported as	 Exclude any allegations that w consensual. 	ere reported as
	Of the allegations reported many were — (Please contact responsible for investigating alleg victimization in order to fully com	the agency or office gations of sexual	9. Of the allegations reported many were — (Please contact responsible for investigating alleg victimization in order to fully comp	the agency or office nations of sexual
	a. Substantiated	None	a. Substantiated	
	b. Unsubstantiated	8 None	b. Unsubstantiated	8 None
	c. Unfounded	3 None	c. Unfounded	1 None
	d. Investigation ongoing	0 × None	d. Investigation ongoing	0 x None
	e. TOTAL (Sum of Items 6a through 6d)	13	e. TOTAL (Sum of Items 9a through 9d)	
	The total should equal the Item 5.	number reported in	 The total should equal the r Item 8. 	number reported in

SECTION II - 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 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 reasons 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.

allegations of STAFF SEXUAL MISCONDUCT?			a	
	o1 ▼ Yes →	Do you record a occurrences, or ones?	ll reported only subs	i stantiated
		01 X All 02 Substantiated	only	
	02 □ No →	Please provide an e below and then skip	explanation to to Item 13.	in the space
11.	December	January 1, 2020, 31, 2020, how m KUAL MISCONDL	nanv alleg	ations of reported?
	Number re	ported	12	None
		- gation involved multip	ple victimiza	
12.	many were responsible	gations reported - (Please contact for investigating alle in order to fully con	the agency gations of s	or office exual
	a. Substar	ntiated	0	× None
	b. Unsubs	tantiated	4	. None
	c. Unfound	ded	7	. None
	d. Investig	ation ongoing .	1	. None
	e. TOTAL 12a thro	(Sum of Items ough 12d)	12	. None
	The to Item 1	tal should equal the 1.	number rep	orted in

FORM SSV-2 (3-9-2021) Page 4

13. Does your State prison system record allegations of STAFF SEXUAL HARASSMENT?		stem record	Section III – PRIVATE AND LOCAL ALLEGATIONS		
(Se	(See definitions on page 4.) 11 Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT? 12 Yes 13 Yes 14 Yes 15 Yes 16 Yes 16 Yes 17 Yes 18 Yes 19 Yes 19 Yes 10 Yes 10 Yes 11 Yes 12 No → Skip to Item 16.		 16. Did any of the allegations reported in Items 2, 5, 8, 11, or 14 occur in a privately operated facility? ○1 Yes ○2 No 17. Did any of the allegations reported in Items 2, 5, 8, 11, or 14 occur in a facility operated and administered by local governments? ○1 Yes ○2 No Section IV - TOTAL SUBSTANTIATED 		
			INCIDENTS OF SEXUAL VICTIMIZATION 18. What is the total number of substantiated incidents reported in Items 3a, 6a, 9a, 12a, and		
			15a? Total substantiated incidents		
De of S	tween January 1, 2020 cember 31, 2020, how STAFF SEXUAL HARAS ported?	many allegations	→ Please complete a Substantiated Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.		
Nui	mber reported	12 None	NOTES		
•	If an allegation involved mu count only once.				
ma resi	the allegations reported in were — (Please context ponsible for investigating a stimization in order to fully contents.)	act the agency or office llegations of sexual			
a. \$	Substantiated	1 None			
b. U	Unsubstantiated	_			
c. l	Unfounded	7			
d. I	Investigation ongoing	0 💌 None			
	TOTAL (Sum of Items 15a through 15d)	12			
•	 The total should equal th Item 14. 	e number reported in			

FORM SSV-2 (3-9-2021)

Save As

Page 5

Print Form