FORM **SSV-2** (6-7-2022)

ADDRESS



SURVEY OF SEXUAL VICTIMIZATION, 2022

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 Danielle Reynolds PREA Coordinator Number and street or P.O. Box/Route Number ZIP Code **OFFICIAL** City State **ADDRESS** Lincoln NE 801 West Prospector Place, Bldg #1 68509 Number Area code Area Code Number **FAX TELEPHONE** 402 4795660 NUMBER 402 4795619 E-MAIL

28000000070000002800

danielle.reynolds@nebraska.gov

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, 2022, and December 31, 2022.

- 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 December 8, 2023.
- 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;

• Contact between the mouth and the penis, vulva, 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.

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 × AII				
02 Substantia	ted only			
b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones?				
01 🗷 Both atte	empted and completed			
02 Complet	ed only			
02 ☐ No → Please provide the definition used by your State prison system for inmate-on-inmate NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 2 and 3.				
2. Between January 1, 2022, and December 31, 2022, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?				
Number reported				
 If an allegation involved multiple count only once. 	ole victimizations,			
 Exclude any allegations that v 	vere reported as			
consensual. 3. Of the allegations reported in Item 2, 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	3 □ 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	6 None			
The investigation concluded that evidence was insufficient to determine whether or not the event occurred.				
c. Unfounded	3 None			
 The investigation determined occur. 	ed that the event did NOT			
d. Investigation ongoing .	1			
Evidence is still being gathered, processed or evaluated and a final determination has not yet been made.				
e. TOTAL (Sum of Items 3a through 3d	13 □ None			

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

FORM SSV-2 (6-7-2022) Page 2

allegat	our State prison sys ions of inmate-on-in L CONTACT? (See de	mate ABUSIVE	7. Does your State prise allegations of inmate HARASSMENT? (See	e-on-inmate SEXUAL
o1 🗷 Ye	Can these be co allegations of No SEXUAL ACTS?	unted separately from ONCONSENSUAL	01 ☑ Yes → Do you re allegation ones?	cord all reported ns or only substantiated
	01 X Yes 02 No → Skip to Ite	m 7.	01 ጆ All 02 ⊡ Substa	antiated only
02 No	→ Please provide an e below and then skip	explanation in the space of to Item 7.	02 ☐ No → Please provi below and ti	ide an explanation in the space hen skip to Section II.
how ma	n January 1, 2022, a ny allegations of in E SEXUAL CONTAC		8. Between January 1, in the second s	2022, and December 31, 2022, as of inmate-on-inmate NT were reported?
	reported	None	Number reported	
	llegation involved multiponly once.	ie vicumizations,	 If an allegation involve inmate perpetrators, or 	ount only once.
• Exclude conse	le any allegations that was allegations that was allegations and the same and the same are allegated as a second control of the same allegations are allegations that was allegations and the same allegations are allegations are allegations are allegations are all the same all the same allegations are all the same all the same allegations are all the same all	ere reported as	 Exclude any allegation consensual. 	ns that were reported as
many w	Ilegations reported ere — (Please contact ble for investigating alleg ion in order to fully com	the agency or office gations of sexual	9. Of the allegations remany were — (Please responsible for investigat victimization in order to fu	contact the agency or office ting allegations of sexual
a. Subs	tantiated	3 None	a. Substantiated	7 None
b. Unsu	bstantiated	18 None	b. Unsubstantiated	<u>17</u> None
c. Unfo	unded	6 None	c. Unfounded	10 None
d. Inves	tigation ongoing	0 × None	d. Investigation ongo	oing . 0 × None
	L (Sum of Items rough 6d)		e. TOTAL (Sum of Ite 9a through 9d)	ems 34 □ None
	e total should equal the m 5.	number reported in	 The total should equipment Item 8. 	qual the 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;

ΩR

Repeated profane or obscene language or gestures.

10.	allegations of STAFF SEXUAL MISCONDUCT?			
	01 ▼ Yes → Do you recocurrence ones?	cord al es, or	l reported only subs	d stantiated
	01 ✗ All 02 ☐ Substa	antiated	only	
	02 ☐ No → Please provi below and th	de an ex nen skip	oplanation to Item 13.	in the space
11.	Between January 1, December 31, 2022, STAFF SEXUAL MISO	how m	anv alleg	ations of reported?
	Number reported .		27	None
	If an allegation involve count only once.	ed multip	le victimiza	ations,
12.	2. Of the allegations reported in Item 11, 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		3	. □ None
	b. Unsubstantiated		17	. □ None
	c. Unfounded		7	None
	d. Investigation ongo	oing .	0	. □ None
	e. TOTAL (Sum of Ite 12a through 12d)	ems	27	□ None
	The total should equation 11.	ual the r	number rep	oorted in

FORM SSV-2 (6-7-2022) Page 4

13. Does your State prison system record allegations of STAFF SEXUAL HARASSMENT?		Section III – PRIVATE AND LOCAL ALLEGATIONS		
(See definitions on page 4.) 01 ▼ Yes → Can these allegati	ons be counted legations of STAFF DUCT? em 16. anation in the space	16. Did any of the allegations reported in Items 2, 5, 8, 11, or 14 occur in a privately operated facility? □1		
		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		
14. Between January 1, 2022, and December 31, 2022, how man of STAFF SEXUAL HARASSME reported?	y allegations	→ Please complete a Substantiated Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.		
Number reported	14 None	NOTES		
 If an allegation involved multiple value count only once. 	victims or staff,			
15. Of the allegations reported in many were — (Please contact the responsible for investigating allegativictimization in order to fully comple	e agency or office ions of sexual			
a. Substantiated	0 x None			
b. Unsubstantiated	10 None			
c. Unfounded	4 None			
d. Investigation ongoing .	0 × None			
e. TOTAL (Sum of Items 15a through 15d)				
 The total should equal the num Item 14. 	nber reported in			

FORM SSV-2 (6-7-2022)

Save As

Page 5

Print Form

Clear Fields