FORM SSV-6 (3-8-2021)



SURVEY OF SEXUAL VICTIMIZATION, 2020 Locally or Privately-Operated Juvenile Facilities 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

REGAN BULLARD

Title

PREA COORDINATOR

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Area code

775 - 1800

FAX NUMBER Area Code Number

State

TX

775-7965

E-MAIL ADDRESS

RBULLARD @ LUBBOCKCOUNTY, GOV

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

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, 2020, and December 31, 2020.

- 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.
- 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 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 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
. Is this facility owned by a
O1 Private agency
Native American Tribal Government
04 X County
05 Local or municipal government
oe ☐ Other Specify ☑

3. On December 31, 2020, how many persons held in this facility were			
a. Males	23		
b. Females	. 10	. 🗆	
c. TOTAL(Sum of Items 3a and 3b) .	33		
 Count persons held in the facility is reason for placement. Include per temporarily away but had assigne December 31, 2020. 	sons who	of age or were	
4. On December 31, 2020, how man held in this facility were	ny persor	ıs	
a. Age 17 or younger	33		
b. Age 18 to 20			
c. Age 21 or older			
d. TOTAL (Sum of Items 4a through 4c should equal Item 3c)	33		
 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, 2020. 			
5. Between January 1, 2020, and December 31, 2020, how many p admitted to or discharged from	persons t this facil	were lity?	
a. TOTAL number admitted	413		
b. TOTAL number discharged	420		
 Include all persons admitted to t legal document, by the authority some other official agency. 	his facility of the cou	by a formal irts, or by	
 Include all persons discharged f period of confinement including pretrial releases, transfers to ad other States, and deaths. 	sentence of	completion,	
 Exclude admissions and dischal returns from escape, administral juvenile facilities, or temporary rework/school release, medical aptreatment facilities, or court app 	tive transfe elease inc pointment	ers to other luding	

2. Is this facility operated by a

02 Native American Tribal Government

County

County

Local or municipal government

of Private agency

o6 Other Specify ₹

03 State

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.

5. Does your facility youth-on-youth N ACTS?	record allega ONCONSENSI	ntions of JAL SEXUAL
of X Yes → a. Do occurrent	you record all currences, or o estantiated or	only
	All Substantiated	o <mark>n</mark> ly
NO	you record at NCONSENSU only complete	AL SEXUAL ACTS
	Both attempted onl	
SEXUA	for vouth-on-vou	th NONCONSENSUAL pace below. Use that
how many allega	ations of youth	December 31, 2020, n-on-youth CTS were reported?
Number reporte		None None
-		victimizations, count only
once.		e reported as consensual
8. Of the allegation	ns reported in ontact the agence egations of sexua	Item 7, how many by or office responsible al victimization in order
a. Substantiate	d	None
The event wa occurred, ba (28 C.F.R. §	sed on a prepond	nd determined to have derance of the evidence
b. Unsubstantia	ted	None
The investigation	tion concluded th	at evidence was insufficie e event occurred.
c. Unfounded		
		nat the event did NOT occ
d. Investigation	ongoing	None
Evidence is:	still being gathere	ed, processed or evaluate not yet been made.
e. TOTAL (Sum 8a through 8d)	of Items	None

The total should equal the number reported in Item 7.

9. Does your facility record allegations of youth-on-youth ABUSIVE SEXUAL CONTACT? (See definitions on page 3.)	12. Does your facility record allegations of youth-on-youth SEXUAL HARASSMENT? (See definitions on page 3.)	
on № Yes → Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?	on N Yes → Do you record all reported allegations or only substantiated ones?	
01 X Yes	01 All Substantiated only	
02 ☐ No → Skip to Item 12. 02 ☐ No → Please provide an explanation in the space	No → Please provide an explanation in the space	
below and then skip to Item 12.	below and then skip to Section III.	
40. Detugen January 4, 0020, and	13. Between January 1, 2020, and	
10. Between January 1, 2020, and December 31, 2020, how many allegations of youth-on-youth ABUSIVE SEXUAL CONTACT were reported?	December 31, 2020, how many allegations of youth-on-youth SEXUAL HARASSMENT were reported?	
Number reported ONONE	Number reported	
 If an allegation involved multiple victimizations, count only once. 	 If an allegation involved multiple victims or youth perpetrators, count only once. 	
Exclude any allegations that were reported as consensual.	 Exclude any allegations that were reported as consensual. 	
11. 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.)	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	a. Substantiated	
b. Unsubstantiated	b. Unsubstantiated	
c. Unfounded	c. Unfounded	
d. Investigation ongoing	d. Investigation ongoing None	
e. TOTAL (Sum of Items 11a through 11d)	e. TOTAL (Sum of Items 14a through 14d)	
The total should equal the number reported in Item 10.	The total should equal the number reported in Item 13.	

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 SEXUAL MISCONDUCT?	of STAFF
of Yes → Do you record all reported occurrences, or only subsones?	l tantiated
o1 All O2 Substantiated only	
02 ☐ No → Please provide an explanation in below and then skip to Item 18.	n the space
16. Between January 1, 2020, and	
December 31, 2020, how many allega STAFF SEXUAL MISCONDUCT were in	ations of eported?
	□ None
 If an allegation involved multiple victimizati once. 	ons, count only
17. Of the allegations reported in Item 1 many were (Please contact the agency of responsible for investigating allegations of substitution in order to fully complete this for	or office exual
a. Substantiated	_ □ None
b. Unsubstantiated	_ □ None
c. Unfounded	
	_ □ None
d. Investigation ongoing	None None
	□ None

18. Does your facility record allegations of STAFF SEXUAL HARASSMENT ? (See definitions on page 5.)	Section IV – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION
On K 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 Y Yes 02 No → Skip to Item 21 102 No → Please provide an explanation in the space below and then skip to Item 21.	Total substantiated None None → Please complete a Substantiated Incident Form (Juvenile, SSV-IJ) for each substantiated incident of sexual victimization.
	NOTES
19. Between January 1, 2020, and December 31, 2020, how many allegations of STAFF SEXUAL HARASSMENT were reported?	
Number reported	
 If an allegation involved multiple victims or staff, count only once. 	
20. Of the allegations reported in Item 19, 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	
b. Unsubstantiated	
c. Unfounded	
d. Investigation ongoing \square None	
e. TOTAL (Sum of Items 20a through 20d)	

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Clear Fields

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