

PREA AUDIT REPORT ☐ Interim ☒ Final
ADULT PRISONS & JAILS

Date of report: 09/08/16

Auditor Information			
Auditor name: Paul Perry			
Address: PO Box 1186, Bowling Green, VA 22427			
Email: perry@pcrj.org			
Telephone number: 540-760-6201			
Date of facility visit: August 10-12, 2016			
Facility Information			
Facility name: Virginia Beach Correctional Center			
Facility physical address: 2501 James Madison Blvd., Virginia Beach, VA 23456			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 757-385-2346			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Honorable Kenneth Stolle			
Number of staff assigned to the facility in the last 12 months: 543			
Designed facility capacity: 800			
Current population of facility: 1360			
Facility security levels/inmate custody levels: Minimum, Medium, Maximum			
Age range of the population: 18- 75			
Name of PREA Compliance Manager: Nick Curtis		Title: Lieutenant	
Email address: ncurtis@vbso.net		Telephone number: 757-385-7928	
Agency Information			
Name of agency: Virginia Beach Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2501 James Madison Blvd., Virginia Beach, VA 23456			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 757-385-2346			
Agency Chief Executive Officer			
Name: Honorable Kenneth W. Stolle		Title: Sheriff	
Email address: kstolle@vbso.net		Telephone number: 757-385-4073	
Agency-Wide PREA Coordinator			
Name: Erin Crean		Title: Director of Emergency Planning	
Email address: ecrean@vbso.net		Telephone number: 757-385-2346	

AUDIT FINDINGS

NARRATIVE

Prior to the onsite portion of the audit the Auditor sent a notice of the audit dates to be posted in each inmate living unit. This posting was placed in each living unit on June 27, 2016. The posting included a statement to the inmate population informing them how to confidentially correspond with the Auditor. The Auditor received 6 confidential correspondences from inmates. One inmate handed the Auditor a note in a sealed envelope during the audit tour. Four of the letters were from indigent inmates. None of the letters sent to the Auditor had been opened by the facility. The Auditor confirmed this during inmate interviews with two of the inmates who wrote the Auditor. Three of the correspondences received by the Auditor were general complaints and two were informing the Auditor of ideas inmates had to improve the PREA efforts at the facility. The Auditor did speak to those who mailed ideas and to one who claimed an allegation of Sexual Harassment.

The Auditor received the facility's 24 page Pre-Audit Questionnaire from the PREA Compliance Manager on July 20, 2016. It was followed a few days later with attachments through the United States Postal Service. Attachments to the Pre Audit Questionnaire were sent on a "thumb drive" and included 331 electronic attachments. The electronic attachments included the Virginia Beach Sheriff's Office policies, staff and inmate rosters, facility diagrams, staffing plan, accreditation reports, training reports and numerous other supporting documents.

The Auditor began review of the Pre-Audit Questionnaire on July 22, 2016. During this review the Auditor contacted the PREA Compliance Manager multiple times with questions, comments, and recommendations. The PREA Compliance Manager responded quickly to each question, comment, recommendation and request made by the Auditor. The Auditor questioned the content of several policies to the PREA Compliance Manager. The PREA Compliance Manager responded quickly and addressed with either a policy change, addition or explanation. The Auditor provided a plan for the on-site portion of the audit to the PREA Coordinator through email 5 days prior to the audit.

Prior to arriving at the Virginia Beach Correctional Center the Auditor reviewed the facility's website. The Auditor easily found Prison Rape Elimination Act information on the homepage of the website. The website states the department maintains a zero tolerance policy towards sexual abuse and sexual harassment. The website maintains two links within it's PREA information. One link is the department's annual report and the other provides information how to report allegations and lists the responsibilities during administrative and criminal investigations. It should be noted this is the first PREA Audit of the Virginia Beach Correctional Center and its first full year of compliance attempt with the Prison Rape Elimination Act. The information published on the facility's website is from July 1, 2014 to June 30, 2015. The facility is currently working to publish its second year of reporting data.

The Auditor contacted the Sexual Assault Nurse Examiner by telephone prior to the close of the on-site portion of the audit. The Auditor was informed the SANE conducts all forensic evidence collection at the facility in their medical department. Advocates are allowed to accompany the SANE during evidence collection for emotional support services. The SANE informed the Auditor she recently reported to the facility to collect forensic evidence from an inmate who alleged sexual abuse. Information regarding this incident will be addressed later in this report.

The Auditor arrived at the Virginia Beach Correctional Facility on August 10, 2016 to begin the on-site portion of the audit. An entrance meeting was conducted at 8:30 a.m. with the following personnel present:

Honorable Sheriff Kenneth Stolle
Undersheriff Bruce Benson
Chief Deputy of Administration Victoria Thomson
Chief Deputy of Operations Brian Struzzieri
Captain Norman Holcomb
Captain John Vargas
Lieutenant Kevin Hugo
PREA Coordinator Erin Crean
PREA Compliance Manager Lieutenant Nicholas Curtis

Following staff introductions the Auditor introduced himself and gave a briefing regarding his procedures for the audit. Staff were informed the Auditor will remain flexible so normal operations are not disturbed, to the extent possible. The Auditor explained he will take a detailed tour of the facility and may require additional escorts to various areas during the audit. The Auditor was provided with a key and full access to an office in the facility administration area. Following the entrance interview a tour was provided to the Auditor.

The Auditor toured the facility from approximately 9:00 a.m. to 1:30 p.m. The Auditor was provided access to all areas of the facility. The tour included visits to the administrative, booking, property, control centers, visitation, maintenance, commissary, recreation, medical, and kitchen areas. The Auditor visited all inmate living units, work force center and walked the underground tunnel to the court building to observe holding cells in the court building. During the tour the Auditor was observing for blind spots, the overall level of supervision of

the inmate population, and observed camera placements in the facility. Observations were made of PREA related materials posted in the intake, reception, medical, inmate living units and various other areas of the facility. PREA material was also posted in all staff areas of the facility.

During the tour the Auditor observed staff rounds and opposite gender staff making opposite gender announcements when entering living units. The Auditor observed inmate restrooms and showers to ensure inmates could utilize the restroom, change clothing and shower without staff of the opposite gender observing them. During the tour 11 inmates were informally interviewed to support the Auditor in making compliance determinations. Informal interviews were conducted with 16 staff members, including contract staff. Post logbooks were also reviewed by the Auditor.

The Auditor attended a shift briefing and visited with both day and night shifts on day 1 and day 2 of the audit. Supportive documentation was provided for the Auditor's review in PREA folders. Supportive documentation included, but not limited to, policy and procedures, staffing plan, diagrams, handbooks, training records, employee records, medical records, classification records, investigative files, disciplinary records and logbooks. The Auditor did request additional records then was provided in each PREA file. A significant amount of time was spent with Human Resource staff reviewing personnel records and Investigators reviewing investigative records. Supportive documentation was reviewed to determine the facility's level of compliance in prevention, detection, and response to sexual abuse, training and education, risk screening, reporting, investigations, inmate discipline, medical and mental health care, and data collection, review and reporting.

Formal interviews were conducted with 17 specialized staff, 15 random staff, and 15 random inmates. One inmate refused to speak to the Auditor and one additional inmate was interviewed who made a request to speak to the Auditor. In addition, the Auditor interviewed one transgender inmate, one inmate who reported an allegation of inmate-on-inmate sexual assault, and two inmates who corresponded with the Auditor prior to the Audit. One inmate randomly chosen by the Auditor was not interviewed as he was posing a risk to security staff at the time of the audit. The Auditor randomly chose another inmate to interview.

Specialized staff interviews were conducted with intake, medical, first line, intermediate and high level supervisors, programs, human resources, contractors, volunteer, investigative and risk screening staff. Those supervising inmates in segregation, participating on the incident review team and monitoring retaliation were interviewed by the Auditor. Specialized staff interviews also included first responder duties with security and non-security staff.

The Auditor conducted an exit meeting with the same staff present at the entrance meeting. The Auditor praised the Sheriff and his management team on their facility operations. The Auditor found the facility clean and staff extremely friendly and receptive during the audit process. Security staff were informed the Auditor could observe and tell the facility is well run based on comments and actions of the inmate population. The Auditor did not hear yelling and screaming from the inmate population and only received typical correctional complaints, i.e. food. Inmates were willing to speak to the Auditor and most informed the Auditor of positive comments about facility staff.

Staff were very knowledgeable regarding the facility's sexual abuse and sexual harassment policies and procedures and their duties regarding such. The Auditor informed staff during the exit meeting that numerous inmates stated "they don't play around here," referring to staff responding to allegations of sexual abuse and sexual harassment. Staff carry a laminated PREA response card in their uniform pockets which includes first responder duties. In addition to posted material throughout the facility the Auditor observed a PREA response book in each staff area. The exit meeting staff were informed both new and seasoned staff were knowledgeable in the facility's PREA efforts. The facility was praised in their training efforts.

The inmate population felt safe in the facility and confident in staff abilities to respond to sexual abuse and sexual harassment. The Auditor observed professional interactions between staff and inmates. The Auditor felt safe, was treated respectfully by staff and inmates and enjoyed the audit experience with the Virginia Beach Sheriff's Office. The Sheriff was informed he chose the right two staff members in his PREA Coordinator and his PREA Compliance Manager as each made the Audit process fluent and take their positions serious.

Command and executive staff have a proactive approach to complying with the Prison Rape Elimination Act of 2003. Their commitment is evident as it has radiated from the upper echelon down to subordinate staff. Executive and command staff appear to place trust in the PREA Coordinator and PREA Compliance Manager's abilities as they have been able to quickly enact change in policy, procedures and practice. The Auditor met no resistance from staff or inmates and found that staff are very happy in their positions with the Virginia Beach Sheriff's Office.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Virginia Beach Correctional Center is located at 2501 James Madison Boulevard, Virginia Beach, VA 23456. The facility is approximately 45 minutes (driving) from the Virginia/North Carolina border and approximately 15 minutes (driving) to the eastern shore (Virginia Beach). The facility consists of three, three story individual buildings connected by corridors on each floor encompassing 321,953 total square footage. Each building is designated an alphabetic identifier – A, B and C. The Virginia Beach Correctional Center is comprised of 82 inmate living units. In addition to local inmates, the facility holds state and immigration customs inmates.

Building A is original construction built in 1975 encompassing 74,902 square footage. Inmate living units in building A are linear style construction. Inmate living units are maintained on floors two and three while the first floor contains administrative areas. Building A primarily houses inmates charged and/or convicted with felony charges. Each unit is single cell construction with toilets located in each cell. Showers are maintained at the end of each “catwalk” for inmate usage. Each unit has attorney visitation rooms (Attorney Panels) and video visitation booths. Building A also includes restrictive housing, special populations and a dormitory for weekenders. All inmate living units in Building A have access to telephones.

Building B was constructed in 1989 encompassing 61,544 square footage of occupied space. Each floor in building B maintains inmate living unit space. The three floors are comprised of linear and dormitory style living units. The Virginia Beach Sheriff’s Office utilizes the third floor as female housing. Linear style units maintain toilets within each cell while dormitory style housing toilets are adjacent to the dormitory with half walls blocking complete view of the toilet. Linear style showers are located at the end of each “catwalk”. Dormitory style showers are maintained adjacent to the dormitory with shower curtains. Telephones are accessible to the inmate population. Attorney panels and video visitation rooms are adjacent to inmate living units.

The newest of constructed buildings is building C. Building C was constructed in 2005 and encompasses 155,000 square footage. The lower floor maintains the facility’s booking, kitchen, laundry and additional staff administrative areas. Inmate living space is located on the 2nd and 3rd floors. Inmate living units in Building C are podular style construction with two man cells adjacent to a dayroom. Each cell maintains a toilet while showers are located adjacent to the dayrooms. Shower curtains are utilized in each shower in the building. The dayrooms in podular style units have a toilet in the dayroom blocked with a half wall. Video visitation rooms and attorney panels are adjacent to inmate living units. All inmates have access to telephones in the dayrooms.

Connecting corridors account for 30,507 of the 321,953 total square footage. A long underground tunnel connects the Virginia Beach Correctional Facility to the Virginia Beach Court Building. The court building maintains 27 court rooms – with 8 Circuit, 7 General District and 7 Juvenile and Domestic Relations judges. Holding cells are maintained on all three floors of the court building. The Virginia Beach Sheriff’s Office maintains separate holding cells for male and female inmates who are awaiting court. There are five “gang” style holding cells in the basement and 2 additional cells on floors 1 and 2 of the court building.

Supervision is performed various ways throughout the facility. In liner and dormitory style units staff perform twice hourly security checks throughout the unit at random intervals. Supervision in podular style living units is performed remotely. Staff observe inmates through a control center and make twice hourly security checks within the pod at random intervals. Supervisors are required to tour the facility as well, including a tour of inmate living units.

The facility maintains a large master control center with numerous secondary enclosed control centers within the facility. The master control center is manned 24/7 with a minimum of 3 staff. Cameras within the facility are monitored by the control center staff. There are 553 cameras which monitor hallways, outside areas, indoor and outdoor recreation yards, kitchen areas, special purpose cells, dayrooms, underground tunnel, court holding areas, booking, medical, visitation and investigation rooms. The facility’s video monitoring technology has been in place since 2005. The 11 year old system is currently being reviewed for much needed updates.

Food service is conducted through a contract with CBM Managed Services. Medical and mental health services are contracted with NaphCare, Inc. A dentist comes to the facility each Wednesday to examine and treat inmates with dental complaints. In addition, the facility manages its own commissary services for the inmate population. There are 52 video visitation booths for public use. All inmate housing areas have access to video visitation booths adjacent to living units. Attorney panels are also located adjacent to inmate living units. Attorneys visiting with inmates are separated with a lexan divider.

The facility offers General Education Diploma (GED) classes to the inmate population provided by part time GED teachers. Special education classes are offered to inmates with an Individualized Education Program (IEP) identified in a school system. Inmates can participate in the facility’s Life Empowerment Program (LEP). The LEP is a religious program facilitated by the inmate population. The facility also offers Substance Abuse classes and re-entry services to the inmate population. Re-entry includes classes such as life skills and substance abuse. Re-entry services attempt to prepare an inmate to re-enter society. Inmates in the re-entry program are provided identification cards through the Department of Motor Vehicles and taught skills to prepare them for job interviews, managing funds, parenting, etc.

Facility maintenance is managed by Virginia Beach Sheriff’s Office employees. The maintenance section maintains 13 staff. Inmates are not authorized access to maintenance areas and do not participate in maintenance functions. Two emergency generators are maintained in

the event the facility experiences a power outage. The department will be receiving a new 500KW generator through a Federal Emergency Management Agency (FEMA) grant. The Virginia Beach Correctional Center maintains a backup refrigerator for the area's Virginia Department of Health in the event the VDH experiences a power outage. The backup refrigerator provides an area for the Virginia Department of Health to store vaccines and other cold emergency items.

The age ratio of the facility ranges from 18 to 75. The average length of stay at the time of the audit was 21.58 days for male inmates and 11.62 days for female inmates. At the time of the audit there were 1278 inmates confined in the facility, 1135 males and 143 females. The racial demographics were calculated utilizing an inmate roster printed for the Auditor for the population on August 1, 2016 with a total inmate count of 1431.

The racial demographics were as follows:

American Indian	1
African American	745
Asian	12
Caucasian	672
Unknown	1
Total	1431

Utilizing the same printed inmate roster the age demographics of the facility were as follows:

Age Range	Percentile
18-21	8.9%
22-29	32.4%
30-39	29.6%
40-49	16%
50-59	11%
60-69	2%
70-79	.1%
80+	0%

At the time of the audit there were no inmates in segregated housing determined at risk of sexual abuse and placed involuntarily in protective custody.

The booking area of the facility has 32 individual cells. There are 26 male and 6 female cells. The booking area also maintains 2 multiple occupancy cells, one male and one female. Male and female cells are out of sight of one another. Multiple occupancy cells have cameras inside the cell facing the door. These cells are utilized for inmates who may be at risk of suicide. The booking is staffed with male and female deputys at all times. Two NaphCare nurses are permanently assigned to the booking area. Showers are available in the booking area. The showers allow inmates a shower without staff observing them. Both medical and classification screenings occur in the booking area. In most instances, inmates are classified within 24 hours of admittance. A Magistrate maintains an office adjacent to the booking area.

Twenty four hour comprehensive medical services are available to the inmate population. The medical isolation area has 4 negative pressure cells for any inmate who may have an airborne contagious disease such as tuberculosis. Cameras are located in multiple medical cells which are utilized for inmates in need of constant observation, i.e. suicide watch. There are offices utilized by mental health staff, exam/treatment room, medical records storage and a secure pharmacy. Private areas are available for medical and mental health staff to meet with inmates. The medical department consists of 79 medical, mental health and dental personnel. Showers in the medical area have a shower curtain. A security staff member is maintained in the medical area.

Food services are provided by CBM Managed Services. Approximately 20 inmates work in the kitchen area with 2 to 3 CBM employees on a daily basis. Cameras are located within the kitchen area but not in refridgerators, freezers and storage areas. Staff maintain keys to these areas and supervise inmate when retrieving food items or stocking shelving in the area. The four refridgerators and two freezers were noted by the auditor as blind spots. Staff address these blind spots with constant and direct supervision of inmates within the blind spot areas. The refridgerators and freezers remain locked when not in use.

The Auditor did notice varous blind spots within the facility. Blind spots are address by the Sheriff's Office with required deputy and supervisory security rounds.

SUMMARY OF AUDIT FINDINGS

The Auditor made recommendations of several minor policy changes in which the facility developed a change to policy. The facility Memorandum of Understanding with a community service provider for emotional support services to inmate victims of sexual abuse was re-written and signed during the Audit. Written responsibilities of both parties was strengthened to further support compliance.

The Auditor found the facility showed substantial compliance with 42 of the PREA Standards.

The Auditor found standard 115.12 (Contracting with other entities for confinement of inmates) not applicable to the Virginia Beach Sheriff's Office. The Virginia Beach Sheriff's Office does not contract with other entities for the confinement of its inmates.

The Auditor made several recommendations to the PREA Compliance Manager and PREA Coordinator in continuing their efforts to comply with the Prison Rape Elimination Act of 2003.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The Auditor viewed facility policy which stipulates a zero tolerance toward all forms of sexual abuse, sexual harassment and sexual misconduct. Facility policy includes sections for prevention, detection, reporting and response strategies. Policy includes definitions of prohibited behaviors. Definitions listed in policy include; carnal knowledge, oral sodomy, rape, sexual abuse, sexual battery, sexual assault, sexual assault with an object, sexual fondling, sexual harassment, staff sexual misconduct and voyeurism. Sanctions are outlined in the Rules, Regulations and Discipline policy for staff, volunteers and contractors found to have participated in prohibited behaviors.

The Virginia Beach Sheriff's Office maintains one facility and employs a PREA Coordinator and PREA Compliance Manager. The agency's Accreditation Manager serves as the PREA Coordinator. The PREA Compliance Manager reports to the PREA Coordinator while the PREA Coordinator reports to the Chief Deputy of Administration. Both have sufficient time and authority to develop, implement and oversee the Virginia Beach Correctional Center's PREA compliance efforts.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 1-20
Policy 02-03-00 – Rules, Regulations and Discipline pg. 4
Virginia Beach Sheriff's Office Organizational Chart
PREA Coordinator Job Description
Interviews with Staff and Inmates
Training Records

Analysis/Reasoning

Interviews with staff and inmates reveal they are fully aware of the facility's zero tolerance policy and procedures. The Auditor reviewed documentation showing the facility quickly and correctly handled allegations as required by PREA Standards. The facility places emphasis on compliance with the Prison Rape Elimination Act and makes appropriate efforts to ensure proper prevention, detection and response to allegations of sexual abuse and sexual harassment. Staff duty posts include a PREA response book for quick reference when responding to allegations of sexual abuse. All staff and inmates interviewed by the Auditor stated they received training and education. The Auditor had numerous contacts by email and phone with the PREA Compliance Manager and PREA Coordinator; both responded quickly to the Auditor's questions, requests and recommendations.

Conclusion:

When questioned about the facility's zero tolerance policies several inmates informed the Auditor, "they don't play around here," referring to the facility's commitment to zero tolerance. An overwhelming majority of the inmates interviewed felt confident that staff would ensure an incident would be dealt with if reported. The Auditor observed zero tolerance information posted throughout the facility in public areas, staff areas, inmate living units, medical, corridors, food service and various other locations. All staff interviewed by the Auditor were knowledgeable with the facility's zero tolerance policies. The Virginia Beach Correctional Center meets all the requirements of PREA Standard 115.11.

Standard 115.12 Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not Applicable

The Virginia Beach Sheriff's Office does not contract for confinement of its inmates with other agencies.

Standard 115.13 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Policy requires the facility to comply with a staffing plan in accordance with the PREA supervision and monitoring standard. The Auditor reviewed the facility's 2016 staffing plan. The staffing plan appears adequate for providing sufficient staffing of the facility. The staffing plan denotes both sworn and non-sworn positions within the facility. The Sheriff received an additional 15 sworn positions for the 2016 year. Position shortage justifications were observed within the staffing plan. The facility reports turnover and resignations as having a negative impact on staffing levels. Recruiting new personnel is a challenge to the facility.

Documentation reviewed by the Auditor revealed a staffing plan review considered adjustments to the staffing plan, deployment of video monitoring systems and other technologies and available resources to comply with the staffing plan. During the tour the Auditor observed sufficient staffing to supervise the inmate population.

The facility has designated its Lieutenants and above (upper level management) as required to make unannounced rounds throughout the facility to deter sexual abuse/harassment. These rounds are documented in post logbooks on both day and night shifts. Facility policy also prohibits all staff from alerting others of supervisory rounds.

Evidence Relied Upon:

Policy 13-11-00 Pg. 8-9
Staffing Plan
Facility Post Logs
Daily Operations Report
Staff and inmate interviews

Analysis/Reasoning

The Auditor observed sufficient staff in all areas of the facility to prevent, detect and respond to sexual abuse and sexual harassment. During the audit the Auditor observed staff supervisors making security rounds in various areas of the facility, including inmate living units. Supervisory staff informed the Auditor they hold staff accountable if they are caught alerting other staff of unannounced supervisory rounds. The auditor also observed documentation of unannounced supervisory rounds in post logbooks. Staff and inmates both informed the Auditor that supervisory staff are conducting unannounced rounds. Staff were well aware they are prohibited from alerting other staff of unannounced supervisory rounds.

The facility currently has 422 sworn staff, 54 civilian staff and 60 part-time civilians. The facility currently has vacancies in 17 sworn and 2 civilian positions. The facility currently has 3.5% of its positions vacant. The Watch Commander denotes daily deviations from the staffing plan on a Daily Operations Report.

Conclusion:

The facility maintains an extensive staffing plan for its operations. All elements of this standard were demonstrated to the auditor. Various blindspots were observed by the Auditor. The facility addresses blindspots with either direct supervision or twice hourly security rounds in blindspot areas. Documentation and the PREA Coordinator both reveal the PREA Coordinator participates in the staffing plan review. The Virginia Beach Sheriff's Office is in compliance with PREA Standard 115.13.

Standard 115.14 Youthful inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The Virginia Beach Sheriff's Office maintains a policy to house youthful offenders out of sight, sound and physical contact with adult offenders through the use of a shared dayroom or other common space, shower areas, or sleeping quarters. Policy requires staff to maintain sight and sound separation in areas outside of housing units and to provide direct staff supervision anytime youthful inmates and adult inmates have sight, sound or physical contact. Facility policy also requires staff to make its best efforts to avoid placing youthful inmates in isolation to comply with the PREA Standards. Youthful inmates will not be denied daily large muscle exercise and any legally required special education services. To the extent possible, youthful inmates will be provided access to programs and work opportunities.

Evidence Relied Upon:

Policy 13-01-00 Intake and Intake Classification Process pg. 5,8
Intake Records
Population Reports

Analysis/Reasoning:

The Virginia Beach Correctional Center has not housed a youthful inmate in the past 12 months. The Auditor was informed they have not housed a youthful offender in over a "decade." In the event a youthful inmate is brought to the facility he/she will be housed in living unit B1D. This area is currently empty and prepared for youthful inmates. The Auditor toured the area and observed it is out of sight, sound and physical contact of adult offenders. This area can house multiple youthful offenders simultaneously. A recreation yard is available in the event a youthful offender is housed in the facility.

Conclusion:

The Virginia Beach Correctional Center meets the elements of this standard as it currently has a plan and an area prepared to house youthful offenders.

Standard 115.15 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy prohibits cross-gender searches of female inmates. The policy also requires all visual body searches to be performed by a staff member of the same sex as the inmate. The policy addresses cross-gender searches of inmates in exigent circumstances. Policy requires general searches of inmates be conducted by staff of the same gender as the inmate being searched, if practical. The facility maintains female security staff on all shifts and prohibits male security staff from performing cross gender pat-down searches of female inmates. There are male and female staff working in the booking area on all shifts. Policy requires cross-gender searches to be documented on a facility Incident Report, to include justification for the search.

Facility policy and practice enables inmates the opportunity to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. The policy requires any staff member of opposite gender to announce his/her presence when entering an inmate living unit. Staff were trained how to conduct cross gender searches and searches of transgender and intersex inmates.

Female inmates in the facility are afforded the same programming and out of cell activities as male inmates.

Evidence Relied Upon:

09-08-00 – Inmate Searches pg. 2 - 3

12-04-00 – Deputy Entry Into a Security Cell, Cell Block, or Inmate Housing Unit pg. 2

Shift Rosters

Training Lesson Plans – Searches

Training Attendance Rosters

Training Curriculum

Incident Reports

Staff and Inmate Interviews

Analysis/Reasoning

The facility reported no incidents in which a cross-gender visual body search was conducted within the last 12 months. The facility reported no transgender inmate was searched solely to determine his/her genital status in the previous 12 months. The Auditor did review 2 Incident Reports in which a transgender inmate was strip searched by staff. The transgender inmate was strip searched by a staff member of the same sex. Female and Male staff were observed on both day and night shifts and in the booking area. Staff and inmate interviews reveal male staff do not conduct cross gender pat-down searches of female inmates and have not conducted cross gender strip searches.

The Auditor observed shower and toilet areas in all inmate living units. These areas provide a place to utilize where opposite gender staff cannot observe the inmate using the bathroom or taking a shower. During interviews with inmates the Auditor was informed showers and toilets provide some privacy. Transgender inmates are removed from their living units and placed in an area where they can take a shower separate from other inmate. One transgender inmate informed the Auditor of this process.

Random inmates interviewed by the auditor reported they are never in full naked view of an opposite gender security staff member. The Auditor was also informed by the inmates that staff of the opposite gender announce their presence when entering a living unit. A few inmates stated they don't always hear the announcement but they are aware staff generally make opposite gender announcements. The Auditor observed staff making opposite gender announcements during the facility tour.

All staff have been trained to conduct cross gender pat-down searches and searches of transgender and intersex inmates. The training curriculum included professional and respectful treatment of transgender and intersex inmates. Interviews with staff revealed they would

not search a transgender inmate for the sole purpose of determining genital status. Staff interviewed by the Auditor informed they have been trained to search and communicate professionally with transgender inmates. The Auditor reviewed this in the facility training curriculum and signed training documents.

Conclusion:

The Auditor reviewed documents and interviewed staff and inmates which show the facility meets all elements of this standard.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy mandates inmates with disabilities equal opportunities to participate in all aspects of the facility's prevention, detection and response to sexual abuse/harassment information and education. This includes inmates who are deaf or hard of hearing, blind or low vision, and those with intellectual, psychiatric or speech disabilities. The agency provides interpretative services with a language line service through Language Group LLC. A contract also exist with the Department for the Deaf and Hard of Hearing to provide sign language interpreters for inmates. A Teletype phone is also maintained for the use of hearing impaired inmates. Facility policy prohibits the use of inmate interpreters unless a delay would compromise an inmate's safety, the performance of first-response duties or the investigation of an inmate's allegations.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 12 - 13
Policy 03-09-00 – Effective Communications with the Deaf or Hard of Hearing pg. 1-14
Department for the Deaf and Hard of Hearing Contract
Language Group LLC contract
Initial PREA Information
Comprehensive Inmate PREA Training

Analysis/Reasoning:

The Auditor reviewed services provided to 26 inmates through the inmate language line service. Several translations of documents were provided through the Language Group LLC. Posted PREA material throughout the facility is written in English and Spanish. Initial PREA information is also written in braille for blind inmates. All PREA information and educational material is both written and conducted through closed captioned video. The facility utilizes an IPAD to relay PREA information to inmates who are blind or low vision impaired or have limited reading skills. The booking officer plays the information while the inmate listens to it.

Conclusion:

The facility reported no instances where an inmate interpreter or reader was utilized in the past 12 months. Staff and inmate interviews revealed they were not aware of an instance where inmate interpreters were utilized. Staff informed the Auditor the jail has a policy prohibiting the use of inmate interpreters. The Auditor reviewed the facility's PREA information and educational material and found it sufficient to comply with this standard.

Standard 115.17 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Policy prohibits the hiring or promotion of anyone who may have inmate contact and prohibits enlisting contractors who may have inmate contact who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The policy also prohibits hiring these persons who have been convicted or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Policy also prohibits hiring those who have been civilly or administratively adjudicated to have engaged in these activities. All applicants are asked questions regarding sexual abuse and sexual harassment as listed in PREA Standard 115.17 (a) in employment applications.

Before hiring new employees the agency performs a criminal background check through the Virginia Criminal Information Network and the National Crime Information Center. Policy requires the agency to make its best efforts to contact all prior institutional employers prior to hiring an individual. These background record checks are also conducted on contractors prior to enlisting services. Policy requires background record checks of employees and contractors periodically at least every five years.

The Professional Standards Office is required to report substantiated allegations of sexual abuse or sexual harassment upon receiving a request from an institutional employer involving a former Virginia Beach Sheriff's Office employee. The Selection and Appointment policy informs staff material omissions regarding sexual misconduct, or the provisions of materially false information, shall be grounds for termination.

Evidence Relied Upon:

Policy 12-09-00 – Contract Workers pg. 1 - 2
Policy 03-35-00- Selection and Appointment pg. 1 -3
Policy 03-02-00 – Performance Management and Evaluations pg. 3, 7 & 10
Policy 03-03-01 – Promotional and Appointment pg. 8
Policy 02-10-00 – Professional Standards and Accountability pg. 6
Employment Application
Employee Files
Staff Interviews

Analysis/Reasoning:

The Auditor spent a significant amount of time with Human Resource staff. The Auditor verified criminal history checks were conducted on staff, contractors and volunteers prior to appointment or service date. Verification was made that each applicant, volunteer and contractor was asked questions regarding previous sexual abuse or sexual harassment prior to appointment. This was verified on the application. The Auditor randomly chose 8 personnel files for verification. Contacts to other institutional employers were also made prior to appointment.

Conclusion:

Interviews with Human Resource staff and documentation provided to the Auditor and randomly chosen by the Auditor confirms the Virginia Beach Sheriff's Office is attempting to discover previous allegations of sexual abuse and sexual harassment by employees, potential employees, contractors and volunteers. The Auditor did not observe documentation of sexual abuse/harassment consideration on an employee who was promoted as the Auditor was informed there have been no recent promotions. The Auditor reminded Human Resource staff to ensure they document sexual abuse/harassment considerations before a promotion. The Auditor determined the facility meets the requirements of this standard.

Standard 115.18 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy mandates the agency to consider the effects of design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. The Prison Rape Elimination Act policy also mandates the facility to consider how video and electronic monitoring systems may enhance the agency's ability to protect inmates.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 8
Video Monitoring System

Analysis/Reasoning:

The facility has not designed or acquired any new facility or performed modifications of its existing facility during this audit period. The facility is considering upgrades to its current video monitoring system which has been in place since 2005. This would be a much needed upgrade to the current system as video technology has advanced since 2005. The Auditor was informed the facility PREA efforts will be considered in future modifications.

Conclusion:

The facility meets PREA Standard 115.18 as it has no new construction, modifications or upgrades during this audit period.

Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Sexual abuse allegations received or incidents of sexual abuse that occur within the Virginia Beach Correctional Center where the evidence of conduct supports criminal behavior are referred to the Virginia Beach Police Department for investigation. The facility is responsible for conducting administrative investigations only. The Virginia Beach Sheriff's Office has not housed a youthful offender during this audit period. Evidence collection in the facility is performed by the Virginia Beach Police Department. Forensic evidence collection is performed by a Sexual Assault Nurse Examiner from the Sentara Princess Anne Hospital in Virginia Beach. Each forensic examination takes place in the medical section of the facility. The SANE follows a uniformed evidence protocol when collecting evidence. The facility had an allegation of inmate-on-inmate sexual assault a few days prior to the on-site portion of the audit that required forensic evidence collection procedures.

No state entity or U. S. Department of Justice component is responsible for conducting sexual assault investigations at the Virginia Beach Correctional Center.

Evidence Relied Upon:

NaphCare Policy – Managing a Safe and Healthy Environment pg. 1

MOU – YWCA

Virginia LGBT Community Resource and Referral Guide

Interview with Sexual Assault Nurse Examiner

Analysis/Reasoning

The Auditor contacted the Sexual Assault Nurse Examiner by telephone. The Auditor was informed of the protocol and how evidence collection takes place in the medical section of the facility. The Virginia Beach Police Department reports to the facility for victim interviews and evidence collection from the SANE. The SANE informed the Auditor that she is also accompanied by a victim advocate from the community during the evidence collection process if requested by the victim. The Auditor interviewed the alleged victim who informed the auditor she was sent to the medical section of the facility for forensic evidence collection. The interview revealed appropriate steps were taken by the facility. The inmate had not been charged a cost for the services rendered. Inmates randomly chosen for interviews informed the Auditor they were aware of emotional support services and had seen the address and phone numbers posted in the living units.

Conclusion:

The Auditor met with the PREA Compliance Manager and reviewed the facility Memorandum of Understanding. The Auditor made recommendations to the PREA Compliance Manager to strengthen the memorandum for victim advocates. The PREA Compliance Manager created a new Memorandum of Understanding with the YWCA of South Hampton Roads, Virginia. The new Memorandum of Understanding was signed by both parties and forwarded to the Auditor on August 18, 2016. The facility also provides inmates a 5 page community resource and referral guide for community support services available to the inmate population. The Auditor observed significant evidence to support the facility meets this standard.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy requires an investigation for all allegations of sexual abuse and sexual harassment. The Virginia Beach Sheriff's Office ensures administrative or criminal investigations are completed. Administrative investigations are conducted by the Professional Standards and Accountability Office. The facility annual report included 21 allegations of inmate on inmate sexual abuse/harassment. There were 3 reported incidents of staff on inmate sexual harassment/abuse. The policy ensuring referrals of investigations can be observed on the Virginia Beach Sheriff's Office website. The website describes responsibilities of the Virginia Beach Sheriff's Office and the criminal investigative agency.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg.15

Policy 08-17-00 – Criminal Investigations pg. 5

Policy 02-10-00 – Professional Standards and Accountability pg. 2-3

Virginia Beach Sheriff's Office Website

Investigative Reports

Interviews with Investigators

PREA Audit Report

Analysis/Reasoning:

The Auditor interviewed 4 facility investigators. Each investigator informed the Auditor they ensure the Virginia Beach Police Department is contacted when allegations appear to be criminal in nature. The investigators also informed the Auditor they investigate every allegation and continue each to its fullest extent possible even if the inmate is released or the staff member is no longer employed. No state entity or U. S. Department of Justice component is responsible for conducting sexual assault investigations at the Virginia Beach Correctional Center.

Conclusion:

Referrals for criminal investigation are documented on the Criminal Intelligence Unit File Cover Sheet. One allegation was investigated by the Virginia Beach Police Department in the past 12 months. The allegation was an inmate-on-inmate sexual abuse allegation. Based on interviews with investigators and a review of investigative reports the Auditor found the facility compliant with standard 115.22.

Standard 115.31 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The Virginia Beach Sheriff's Office policy requires all staff to be trained on the elements listed in PREA Standard 115.31 (a) 1-10. The facility's training curriculum, lesson plans and Power Point presentations were reviewed by the Auditor. The training provided to all staff was indepth and included 44 Power Point slides with 18 pages of lesson plans. The curriculum was tailored to both male and female inmates. The Auditor observed staff signatures denoting their understanding of the training they received. Policy requires staff to receive refresher training every two years while receiving refresher information in between those years.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 10-11
Training Curriculum
Lesson Plans and PowerPoints
Training Rosters 2015 and 2016
Staff Interviews

Analysis/Reasoning:

Staff interviews revealed they are knowledgeable regarding the facility's zero tolerance policy. Staff informed the Auditor of their responsibilities under the department's prevention, detection, reporting and response policies. Staff clearly informed the Auditor of the training they received regarding sexual assault and sexual abuse. Staff were well aware of dynamics and common reactions of sexual assault victims. The facility provided training to all staff on each element listed in this standard. The Auditor reviewed documentation showing each employee understood the training they received. The facility reported 551 staff members have received the PREA training.

Conclusion:

The Auditor found the Virginia Beach Sheriff's Office security and non-security staff to be well educated on the facility's sexual assault and sexual abuse policies. Staff also carry a laminated card in their uniform pocket which informs them how to respond to allegations of sexual abuse. There is a PREA response book maintained in each staff duty area for reference. The Auditor found the facility to be in compliance with this standard.

Standard 115.32 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy mandates volunteer and contractor training. The facility currently has 175 volunteers and contractors who may have contact with inmates who have been trained on their responsibilities under the facility's prevention, detection and response policies. All volunteers and contractors must read the facility's sexual assault and sexual harassment policies prior to their service in the facility.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 11
Volunteer and Contractor Book
Interviews with Volunteers and Contractors
Signed Statements

Analysis/Reasoning:

The Auditor reviewed the volunteer and contractor book which includes the department's sexual assault/harassment policies. Each volunteer and contractor is required to read and sign a statement acknowledging their understanding of the policies they have read. The Auditor observed signed statements from volunteers and contractors.

Conclusion:

The auditor interviewed a volunteer and several contractors who provide services in the facility. All were aware and knowledgeable of the facility's zero tolerance policy and how to report such incidents. Each stated they would immediately inform a security staff member and inform the victim not to take actions that would destroy evidence. The Auditor found the facility in compliance with this standard.

Standard 115.33 Inmate education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy requires inmates to receive PREA related information during the booking process. The policy requires comprehensive inmate education within 30 days of intake and mandates information be readily available or visible to the inmate population through posters, Inmate Handbook or other written form. Initial PREA education is provided to inmates during the booking process. Inmates sign the Intake Classification Questionnaire and Inmate Advisory Form acknowledging receipt of the information. In the past 12 months 14677 inmates were provided the information during the booking process.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 12
Intake Classification Questionnaire and Inmate Advisory Form
Preventing Sexual Abuse and Sexual Harassment Inmate Training
Training Curriculum for the Deaf
Inmate Handbook
Inmate Interviews

Analysis/Reasoning:

The Auditor observed PREA material regarding zero tolerance and how to report allegations posted in the intake area. Inmates are provided initial information through a Preventing Sexual Abuse and Sexual Harassment Training sheet. The training sheet is 4 pages and includes information regarding zero tolerance, defining sexual abuse/harassment, how to protect themselves and how to report allegations, facility response, prevention and treatment and counseling. Initial PREA information is provided to reading impaired inmates or blind or low vision impaired inmates through use on an IPAD. The Preventing Sexual Abuse and Sexual Harassment Training sheet is written in English and Spanish. The facility maintains a contract through a language line service to interpret PREA information to inmates who do not speak English. Hearing impaired inmates can utilize a teletype phone.

Each inmate is issued a handbook during the booking process. The Inmate Handbook includes readily available PREA information to the inmate. Information is also posted in each living area of the facility. During booking a closed captioned comprehensive PREA educational video plays on continuous loop. The comprehensive video also plays weekly in each living unit of the facility. The Auditor reviewed the video which includes information regarding inmates rights to be free from sexual abuse/harassment, retaliation for reporting incidents and the facility's policies for responding to sexual abuse and sexual harassment.

Conclusion:

Interviews with inmates revealed they had been provided PREA information upon booking and educated through use of the video. They were aware of PREA material posted in the living units and other areas throughout the facility. The inmates were able to articulate the educational information they received. The Auditor reviewed documentation showing inmates understood the information they received. The agency is not required to educate inmates transferring because it only operates one facility. The Auditor determined the inmate population was educated in the facility's PREA efforts and found the facility meets this standard.

Standard 115.34 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy requires special training for sexual assault investigators. Policy requires all investigators be trained for techniques for interviewing sexual assault victims, use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Documentation is maintained on file at the facility.

The agency has 13 training sexual assault investigators. Each investigator attended the National Institute of Corrections, Investigating Sexual Abuse in a Confinement Setting course. This training is a 3 hour online class.

Evidence Relied Upon:

Policy 13-11-00 –Prison Rape Elimination Act pg. 10-11

Policy 08-17-00 – Criminal Investigations pg. 8-9

Policy 02-10-00 – Professional Standards and Accountability pg. 5-6

Training Records

Training Curriculum

Interviews with Investigators

Analysis/Reasoning:

The Auditor interviewed 2 investigators from the Professional Standards Office and 2 from the Criminal Intelligence Unit. Each investigator was knowledgeable in issuing Miranda and Garrity warnings, evidence needed to substantiate a case for prosecution and administrative findings, interviewing techniques for sexual abuse victims and evidence collection. Training certificates were reviewed of all sexual abuse investigators.

Conclusion:

Facility investigators have been properly training to investigate sexual abuse allegations. The facility maintains documentation of each investigator's training. The Auditor found the meets this standard.

Standard 115.35 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Policy requires medical and mental health staff receive specialized training in addition to training mandated for employees. The training includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Evidence Relied Upon:

Policy 12-12-00 Medical Services pg. 2-3

NaphCare policy – Sexual Abuse and Assault

Training Records

Training Curriculum

Interviews with Medical Staff

Analysis/Reasoning:

The Auditor reviewed training documentation of medical staff. NaphCare Inc. trains its medical staff in detecting and assessing signs of sexual abuse/harassment, preserving physical evidence, responding effectively and professionally to victims, and reporting allegations or suspicions by NaphCare, Inc. The Auditor verified all medical and mental health staff completed the training. The Virginia Beach Correctional Center medical personnel do not conduct forensic examinations. A SANE form the local hospital conducts these examinations at the facility. The Auditor verified through training records that all medical and mental health personnel received the PREA training all other employees received.

Conclusion:

The medical personnel interviewed by the auditor were well aware of their responsibilities under the training they received. Verification was made that medical and mental health personnel received training as mandated by this standard. The Virginia Beach Correctional Center meets the requirements of PREA standard 115.35.

Standard 115.41 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The facility has a policy which requires all inmates be assessed during intake for their risk of being sexually abused or sexually abusive toward other inmates. The screening ordinarily occurs within 12 hours after arriving to the facility. The objective classification considers mental, physical, or developmental disabilities, age, physical build, previous incarcerations, exclusive nonviolent criminal history, prior convictions for sex offenses against an adult or child, perceptions of being gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous experiences of sexual victimization, the inmate's own perception of vulnerability, and incarceration solely for civil immigration purposes. The objective screening instrument also evaluates and scores inmates regarding their escape history, current offense, prior convictions, history of assaultive behavior, court status and pending charges, mental health treatment history or needs, medical treatment history or needs, criminal history, prior institutional adjustment, program eligibility, and identified stability factors. No inmate had been disciplined in the past 12 months for refusing to answer the intake questions; policy prohibits discipline action for such.

Evidence Relied Upon:

Policy 13-01-00- Intake and Intake Classification Process pg.5-6
Classification and Intake Documents
Discipline Records
Interviews with Intake Personnel
Interviews with Inmates

Analysis/Reasoning:

The Auditor reviewed records of inmates to ensure the risk screening considers all the above listed criteria. Intake staff informed the Auditor the criteria they consider while conducting the risk screening. They stated when inmates answer yes to specific questions they probe for details to help in their decision of sexual vulnerability or sexual aggressiveness. The Auditor reviewed a victimization reassessment of an inmate based on additional information received by the facility. Intake personnel informed the Auditor they do not place discipline charges on inmates for refusing to answer intake questions. Medical personnel assigned to the booking area also consider and ask questions regarding sexual victimization during the booking process.

Information regarding sexual victimization and sexual abusiveness is maintained electronically in the Offender Management System. Access rights have been assigned to facility staff. Only select staff have the ability to access the classification portion of the Offender Management System. Information maintained in medical records is only accessible to medical and mental health staff.

The Auditor interviewed random inmates regarding questions that were asked of them during the booking process. The inmates articulated to the Auditor they were asked questions regarding their criminal history and sexual victimization. No inmate interviewed by the Auditor had been disciplined for refusing to answer the booking questions. They had not heard of an inmate disciplined for refusing to answer the questions.

Conclusion:

Facility staff are making appropriate attempt to discover prior sexual victimization and abusiveness. Staff make efforts to identify inmates who may be vulnerable to sexual abuse or who may be sexual predators. Facility controls are in place to limit the information received by the booking, classification and medical staff. The Virginia Beach Sheriff's Office meets this standard.

Standard 115.42 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The Auditor reviewed facility policy which requires risk screening information be used for housing, bed, work, education, and programming assignments. This information is used to keep separate those at high risk of sexual victimization from those at high risk of sexual abusiveness.

Evidence Relied Upon:

Policy 13-10-00 – Intake and Intake Classification Process pg. 7-8

Inmate Records

Housing Logs

Inmate Interviews

Staff Interviews

Analysis/Reasoning:

The Auditor reviewed inmate records of vulnerable inmates which showed individualized determinations were made for assignments. Individualized considerations are made for transgender inmate's safety before making housing assignments. The Auditor interviewed a transgender inmate who informed the Auditor of a request to be placed in male housing. Classification staff assigned the transgender inmate to male housing as requested by the inmate. Safety considerations were documented prior to the housing assignment. At the time of the audit there were 3 transgender inmates housed in the Virginia Beach Correctional Center. No transgender had been in the facility long enough for a reassessment of their assignment status.

The facility documents transgender inmate's perception of safety in the inmate's Offender Management System record. The Auditor reviewed the file of a transgender inmate who was housed in November 2015 and requested to be placed in segregation because the inmate had both male and female parts and initially felt uncomfortable being placed in general population. Before the inmate completed the booking and classification process the inmate felt anxious being in the holding cell and requested to be housed in general population; the facility accommodated the request.

Each transgender housed in the facility is escorted to a private shower for their use. One transgender inmate informed the auditor this practice is much appreciated. The Virginia Beach Correctional Center does not place gay, bisexual, lesbian, transgender or intersex inmates in dedicated living units or wings. Random inmates interviewed by the Auditor stated they were asked questions during booking about their sexual preference and if they identified as transgender or intersex.

Conclusion:

The facility is making individualized determinations on each inmate entering the facility. Separating inmates at high risk of sexual victimization from sexual predators is not a difficult task as the facility maintains 82 various living units. Facility staff are making appropriate attempts to recognize inmates at high risk of sexual victimization and keep them separate from sexual abusers. The facility is also attempting to house transgender inmates appropriate to the specific inmate's needs with regard to security concerns. The facility meets the requirements of this standard.

Standard 115.43 Protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy prohibits placing those at high risk of sexual victimization in involuntary segregation unless all available alternatives have been made with a determination that no available alternative means of separation exist. Policy allows the facility to place a high risk inmate in involuntary segregation for less than 24 hours until an assessment can be conducted. Any restrictions to programs, privileges, education, or work opportunities are documented with the duration, reasons and opportunities restricted.

Facility policy also requires involuntary segregation of a high risk inmate only until an alternative means of separation from abusers can be arranged. This period of involuntary segregation shall not exceed 30 days. In this event the facility documents the basis for concern for the inmate's safety and the reason why no alternative means of separation can be arranged. A requirement exists in the policy to afford each such inmate a 30 day review to assess a continued need of separation from the general population.

Evidence Relied Upon:

Policy 13-01-00 – Intake and Intake Classification Process pg. 8-9
Housing Records

Analysis/Reasoning:

The facility has not placed an inmate in involuntary segregation to protect him/her from sexual victimization. As stated in the previous standard conclusion, there are 82 living units in the facility; separating inmates is not a difficult task. The Auditor reviewed the file of one inmate who was removed from his living unit due to a "PREA Complaint" which happened in the inmates living unit. An immediate assessment was made and the inmate was moved to another general population living unit.

Conclusion:

The facility has not placed an inmate in involuntary segregation for protection from sexual victimization. The facility does have policies in place that require adherence to this standard in the event an inmate is placed in involuntary segregation for protection against sexual victimization. The facility meets the requirements of this standard.

Standard 115.51 Inmate reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The Virginia Beach Correctional Center provides multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by inmates or staff, and staff neglect or violation of responsibilities which may have contributed to sexual abuse/harassment. Inmates may report by writing or verbally informing a staff member, writing or verbally informing a staff member of the Virginia Beach Police Department, utilizing the PREA Hotline, writing or verbally informing a third party, completing an Inmate Correspondence Form, or by submitting a Grievance Form. Facility policy requires staff to accept reports made verbally, in writing, anonymously and from third parties and requires staff to document such reports promptly. Staff can privately report incidents of sexual abuse or sexual harassment either through the Professional Standards Office (PSO) or the Criminal Intelligence Unit (CIU) or by calling the PREA Hotline.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 13-15

Inmate Correspondence Forms

Inmate Grievances

Incident Reports

Inmate Handbook

Preventing Sexual Abuse and Sexual Harassment Inmate Training

Inmate Interviews

Staff Interviews

Analysis/Reasoning:

The Auditor reviewed evidence of the various reporting methods. The Auditor read inmate grievances, reports written by staff members, and Inmate Correspondence Forms which alleged sexual abuse or sexual harassment. Interviews with staff reveal they are aware they can privately report sexual abuse or sexual harassment by calling the PREA Hotline or informing a supervisor. Inmates selected for interviews with the Auditor reveal they are aware they can call the PREA Hotline to privately report sexual abuse or sexual harassment. They were also aware a third party could be contacted to make a sexual assault or sexual harassment allegations for them. Inmates interviewed by the Auditor were able to articulate the various reporting avenues available to them.

The Auditor observed the reporting avenues posted in each inmate living area, booking and various other areas throughout the facility. The reporting methods are included in the Inmate Handbook and the Preventing Sexual Abuse and Sexual Harassment Inmate training. The Auditor spoke to inmates who made an allegation by informing a staff member. Verification of the reported allegations was made by the Auditor by reading the staff Incident Reports. Staff are well aware they are required to promptly document verbal reports of sexual abuse and sexual harassment. Both staff and inmates informed the Auditor they can remain anonymous when making sexual abuse and sexual harassment allegations. Inmates interviewed by the Auditor felt confident they could inform a staff member of sexual abuse or sexual harassment and facility staff would ensure the allegation would be handled appropriately.

The Virginia Beach Correctional Facility does not house inmates detained solely for civil immigration purposes.

Conclusion:

The Virginia Beach Correctional Center provides ample avenues for inmates to report sexual abuse and sexual assault allegations. Inmates and staff are educated in the various avenues and the requirements of this standard. The Auditor found the facility meets this standard.

Standard 115.52 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The Virginia Beach Correctional Center maintains an administrative process to address inmate grievances regarding sexual abuse. There is no time limit for filing a grievance stated in the Inmate Grievances policy. Inmates are not required to use any informal grievance process when submitting a grievance related to sexual abuse. No inmate is required to submit a grievance to the staff member who is the subject of a complaint. Facility policy allows inmates to consider an absence of response after 90 days to be a denial. The facility can claim a 70 day response extension by notifying the inmate in writing and providing a date in which a decision will be made.

Policy also allows for third parties such as fellow inmates, staff members, family members, attorneys and outside advocates to assist inmates in filing grievances related to sexual abuse. These parties can file the grievance on behalf of an inmate. The alleged victim must agree for the third party to file the grievance on his/her behalf. A declination by the inmate will be documented by the Virginia Beach Correctional Center. Emergency grievances alleging sexual abuse are forwarded immediately to the Watch Commander. Initial responses are issued within 48 hours and final responses are provided to the inmate within 5 calendar days. In the event an inmate files a grievance in bad faith alleging sexual abuse he/she may be disciplined if the facility can demonstrate such.

Evidence Relied Upon:

Policy 13-03-00 – Inmate Grievance Process pg. 5-7

Inmate Grievances

Discipline Records

Interviews with Inmates

Analysis/Reasoning:

The facility reported 13 grievances alleging sexual abuse in the past 12 months. All 13 grievances were responded to in a timely manner. The Auditor reviewed one grievance submitted on an Emergency Grievance Form alleging a sexual abuse incident. The emergency grievance was responded to within 24 hours. It should be noted that this grievance was not alleging a substantial risk of imminent sexual abuse. The facility investigated the allegation as required by PREA investigative standards; all time lines were followed by the agency.

The auditor reviewed grievances that were submitted by inmates alleging sexual abuse and sexual harassment. A final decision was reached within 90 days on all 13 allegations reported through the grievance mechanism. The facility reported no third party filings of grievances in the past 12 months. There were also no reported incidents which required an extension of the 90 days for response to a grievance alleging sexual abuse. No inmate at the Virginia Beach Correctional Center was disciplined for filing a grievance in bad faith.

All inmates interviewed by the Auditor were aware they could report sexual abuse and sexual harassment allegations on facility grievance forms.

Conclusion:

The facility appropriately handles inmate grievances alleging sexual abuse and sexual harassment. Staff are aware of the policy to immediately forward emergency grievances to the Watch Commander. Inmates are aware they could file grievances alleging sexual abuse and sexual harassment. A review of facility documentation and staff and inmate interviews reveal the facility meets the requirements of this standard.

Standard 115.53 Inmate access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The facility has a policy requiring inmates access to community service providers who perform emotional support services to inmate victims of sexual abuse.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 14-15
Community Resource and Referral Guide
Virginia Anti-Violence Project Survivor's Handbook
Memorandum of Understanding
Inmate Interviews

Analysis/Reasoning:

The Virginia Beach Sheriff's Office maintains a Memorandum of Understanding with the YWCA of the South Hampton, Virginia area. This agency agrees to provide victim advocacy for emotional support services to inmate victims of sexual abuse. The address and telephone number to the YWCA are posted in each inmate living unit. The memorandum requires the facility to allow phone calls to the YWCA confidentially. These calls are not recorded or monitored by facility staff. Inmates can also call the YWCA to report allegations of sexual abuse and sexual harassment. Inmates informed the Auditor they have seen the address and telephone number posted in the living units. The memorandum also requires the facility allow confidential meetings with the advocate and inmate within the facility.

Conclusion:

The Auditor determined the facility meets the requirements of this standard.

Standard 115.54 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy allows citizen complaints to be accepted by personnel.

Evidence Relied Upon:

Policy 02-04-00 – Receiving, Investigating and Disposition of Complaints and Appointee Grievances pg. 2
Inmate Interviews
Citizen Complaint Form
Facility Website

Analysis/Reasoning:

The facility maintains information in its lobby to inform the public how to report incidents of sexual abuse and sexual harassment. Citizen Complaint Forms are maintained in the lobby for the public to complete. The public can submit the complaint form anonymously. The Citizen Complaint Form states including a name is optional. The Virginia Beach Sheriff's Office website also informs the public how to report sexual abuse and sexual harassment incidents. There were no third party complaints made on behalf of an inmate reported to the facility in the past 12 months.

Conclusion:

Inmates are aware of third party reporting procedures. Third Party complaints by telephone are directed to the Professional Standards Office. The facility maintains third party reporting procedures as required by this standard. The Auditor found the facility meets this standard.

Standard 115.61 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The facility does maintain a policy requiring all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. The policy requires staff to immediately report knowledge of retaliation against inmates or staff and any staff neglect or violation that may have contributed to an incident of sexual abuse or sexual harassment. Staff are prohibited from informing anyone other than those with a "need to know" to make treatment, investigation and other security and management decisions.

Medical and mental health practitioners in the facility are required to report incidents of sexual abuse unless otherwise precluded by Federal, State, or local law. Medical and mental health practitioners are required by policy to inform inmates of their duty to report and limitations of confidentiality at the initiation of services.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 15

Investigative Reports

Incident Reports

Interviews with Staff

Analysis/Reasoning:

Staff interviewed by the Auditor were fully aware of their duty to immediately report any knowledge, suspicion or information regarding sexual abuse or sexual harassment, retaliation, and staff neglect or violation of responsibilities which may have contributed to an incident of sexual abuse or sexual harassment. The Auditor reviewed Incident Reports of staff who reported information provided to them by inmates. The staff immediately informed their supervisor and submitted an Incident Report. Staff also informed the Auditor they maintain confidentiality and inform only staff with a "need to know."

Medical staff informed the Auditor they are mandatory reporters and immediately inform security supervisors of sexual abuse and sexual harassment incidents or suspicions. Medical and mental health staff informed the Auditor of their duty to report to the inmate at the initiation of services. The Auditor reviewed notifications of confidentiality provided to inmates from the medical staff. There were no inmates under the age of 18 at the facility in the past 12 months. All allegations of sexual abuse and sexual harassment are reported to the Criminal Investigative Unit for inmate-on-inmate allegations and the Public Safety Office if the allegation is staff-on-inmate. The Auditor reviewed 8 investigative reports.

Conclusion:

Interviews with medical, mental health, security and non-security staff reveal the Virginia Beach Sheriff's Office personnel are well aware of their reporting duties. The Auditor verified staff reporting through Incident Reports and facility investigative reports. The facility meets the requirements of this standard.

Standard 115.62 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy requires staff to take immediate steps to ensure the safety of an inmate who is at substantial risk of imminent sexual abuse.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 16

Classification Documents

Staff Interviews

Analysis/Reasoning:

The facility reported no inmate was determined at substantial risk of imminent sexual abuse. The facility has numerous living units to move inmates to ensure their protection when learning an inmate is at a substantial risk of imminent sexual abuse. All staff interviewed by the Auditor informed they would immediately separate the inmate and inform their supervisor. Supervisors informed the Auditor they would reassign the inmate to another housing unit if no threat exists in that unit.

Conclusion:

Virginia Beach Sheriff's Office personnel are aware how to protect inmates at risk of imminent sexual abuse. The facility has procedures in place to protect inmates who are at substantial risk of imminent sexual abuse. The Auditor found the facility meets this standard.

Standard 115.63 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy requires notification to other agencies when allegations are received by Virginia Beach Sheriff's Office employees. A requirement exists which allows the notification be made within 72 hours of receiving the notification. The Sheriff's Office documents these notifications in the Offender Management System. Policy also requires the Sheriff's Office to request receipt of notification from the other agency.

Evidence Relied Upon:

Policy 13-11-00 - Prison Rape Elimination Act pg. 16

Classification Documents Showing Notification

Analysis/Reasoning:

The auditor reviewed the documents of two inmates who claimed suffering sexual abuse while confined in another facility. Both incidents reviewed by the Auditor were reported within the 72 hour time limit. The Sheriff's Office has designate the PREA Coordinator and PREA Compliance Manager as reporting designees in the event the Sheriff cannot make the notification. All notifications received by the Virginia Beach Sheriff's Office are immediately forwarded to the Criminal Investigative Unit. The portion of the inmate's record where the notification is made in the Offender Management System is restricted by the agency.

Conclusion:

The Virginia Beach Sheriff's Office meets the requirements of PREA standard 115.63.

Standard 115.64 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The Virginia Beach Sheriff's Office policy requires staff first responders to separate the alleged victim and abuser, preserve and protect the crime scene until steps can be taken to collect evidence and to request the victim not take steps that would destroy physical evidence. These steps include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Facility policy requires staff request the victim not take actions to destroy evidence while it requires staff to ensure the abuser does not take these actions. Policy requires civilian staff, volunteers and contractors to request the victim not take actions to destroy evidence and immediately notify a security staff member. The facility reported no incidents requiring staff first responder duties be initiated.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 16

NaphCare Policy – Sexual Abuse and Assault

Interviews with Staff

Interviews with Inmates

Interviews with Contractors

Interviews with Volunteers

Analysis/Reasoning:

The Auditor interviewed security staff first responders. All staff interviewed were educated on their first responder duties. Security staff informed the Auditor they would separate the alleged victim and abuser, secure the crime scene, request the victim not take actions to destroy evidence, ensure the abuser does not take actions to destroy evidence and immediately notify their supervisor. Security supervisors informed the Auditor they would ensure the scene was secure, immediately ensure medical attention is received and immediately notify sexual abuse investigators. If not already notified, supervisors stated they would request the victim not take actions to destroy evidence and ensure the abuser does not. A logbook would be maintained to document actions taken in the crime scene. Non-security staff informed the Auditor they would immediately inform a security staff member and request the victim not take actions to destroy evidence. The Auditor was informed the same information from volunteers and contractors.

Just before the on-site portion of the audit the facility received an inmate-on-inmate allegation of sexual abuse. The Auditor reviewed incident documents and spoke to the Sexual Assault Nurse Examiner. The inmate did not immediately report the incident but did make the report in time for evidence collection. The two inmates were immediately separated by staff after receiving the allegation. The SANE was contacted and conducted a forensic evidence collection in the medical section of the facility. This allegation was still under investigation during the audit. The Auditor interviewed the alleged victim. The victim informed the Auditor she was separated from the aggressor and did undergo evidence collection with the Sexual Assault Nurse Examiner.

Conclusion:

All personnel interviewed by the Auditor were knowledgeable regarding their first responder duties. Incidents reviewed by the Auditor support staff's understanding of their first responder duties. Inmates interviewed by the Auditor stated staff take incidents serious at the Virginia Beach Correctional Center. The Auditor found the facility meets this standard.

Standard 115.65 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Policy includes coordinated sexual abuse response steps for security first responders, non security first responders, supervisors, Watch Commander, medical and mental health contractor staff, investigators, and command staff and executive leadership.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 16-17

Staff Interviews

Coordinated Response Plan

Analysis/Reasoning:

The Auditor observed the facility coordinated response plan maintained in all staff areas. The Auditor interviewed security and non security first responders, supervisors, Watch Commander, medical and mental health, investigators and executive leadership. All staff interviewed by the Auditor understood and articulated their responsibilities under the facility's coordinated response plan.

Conclusion:

The facility staff are knowledgeable on the facility's plan. The Auditor found the facility compliant with this standard.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

No agency is responsible for collective bargaining at the Virginia Beach Correctional Center.

Evidence Relied Upon:

The Virginia Beach Sheriff's Office has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Auditor reviewed facility records that show inmates alleged to have committed sexual abuse are separated from alleged victims.

Analysis/Reasoning:

Virginia is a "right to work" state and therefore not a collective bargaining one. No governmental entity is responsible for collective bargaining on behalf of the facility.

Conclusion:

Virginia code 40.1 - 57.2 prohibits state, county, and municipalities from collective bargaining or entering into a collective bargaining contract with a union with respect to any matter relating to an agency or their employment service. The facility meets the requirements of this standard.

Standard 115.67 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The facility has a policy to address protection against retaliation. Policy lists housing changes, transfers for victims or abusers, removal of staff or abusers from contact with victims, emotional support services for inmates or staff who fear retaliation. Policy requires monitoring retaliation for 90 days following a report of sexual abuse. The monitoring period will be extended beyond the 90 day period if a continuing need exists.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 18-19

Inmate Records

Housing Unit Logs

Staff Interviews

Inmate Interviews

Analysis/Reasoning:

The Auditor interviewed a staff member responsible for monitoring retaliation. The staff member informed the Auditor he monitors disciplinary reports, grievances, Incident Reports and housing or program changes for inmates and negative performance reviews and re-assignments of staff. The classification section and Criminal Intelligence Unit are responsible for monitoring retaliation and conducts periodic status checks with the inmate. The monitored stated he would monitor beyond the 90 day requirement in the event monitoring needed to continue. He stated the team would monitor for an unspecified amount of time until no such threat of retaliation exists. The staff member informed the Auditor the retaliation monitoring team tours all inmate areas in the facility weekly. Monitoring personnel initiate contacts with inmates. The facility reported no incidents of retaliation against staff or inmates in the previous 12 months.

Conclusion:

The Auditor interviewed inmates who had made a report of sexual abuse/harassment. None of the inmates interviewed reported experiencing retaliation by staff or other inmates. The Virginia Beach Correctional Center meets the requirements of this standard.

Standard 115.68 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The Virginia Beach Correctional Center has a policy to ensure inmate victims who are placed involuntarily in segregation have access to programs, privileges, education, and work opportunities to the extent possible. The policy mandates the requirements of PREA Standard 115.43 for all involuntarily segregated victims of sexual abuse.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 8-9
Housing Records

Analysis/Reasoning:

The Virginia Beach Correctional Center has not placed an inmate sexual abuse victim in involuntary segregation in the previous 12 months. The facility maintains 82 inmate living units so reassigning victims to another general population housing unit for protection is the typical procedure.

Conclusion:

Though the facility has not placed an inmate victim in involuntary segregation it has a policy to allow for programs, privileges, education and work opportunities in the event involuntary segregation is utilized for a sexual abuse victim. The facility meets the requirements of this standard.

Standard 115.71 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The facility has a policy related to administrative investigations and a policy related to Virginia Beach Police Department criminal investigations. Incidents of sexual abuse which appear criminal are referred to the Virginia Beach Police Department. Policy mandates all sexual abuse and sexual assault allegations be investigated promptly, thoroughly, and objectively, including third-party and anonymous reports. The agency currently employs 13 sexual abuse trained investigators.

The Professional Standards and Accountability policy requires investigators to gather and preserve direct and circumstantial evidence, including physical and DNA evidence, available electronic monitoring data and interview alleged victims suspected perpetrators, and witnesses. Each investigation will review complaints and reports of sexual abuse involving alleged perpetrator. Compelled interviews will

only occur after consulting with the Virginia Beach Commonwealth Attorney's Office when the evidence appears to support criminal prosecution.

Evidence Relied Upon:

Policy 08-17-00 – Criminal Investigations pg. 1, 5-6

Policy 02-10-00 – Professional Standards and Accountability pg. 3, 4, 6

Interviews with Investigators

Investigative Staff Training Records

Analysis/Reasoning:

The Auditor interviewed 4 facility sexual assault investigators and reviewed 8 investigative files. All investigations were begun and completed promptly and objectively. All investigators have received special training to conduct sexual abuse investigations in confinement settings. The facility's 13 investigators completed the National Institute of Correction's, Investigating Sexual Abuse in a Confinement Setting course. Each investigator interviewed by the Auditor stated they gather and preserve direct and circumstantial evidence, review electronic monitoring when available, interview victims, perpetrators and witnesses and review prior complaints regarding the perpetrator. When asked "what do you do when you recognize evidence supports criminal prosecution" each investigator stated they immediately cease interviews and contact the Virginia Beach Police Department. They only conduct compelled interviews after contacting the Commonwealth Attorney's Office. The investigative units do not utilize polygraph examinations.

The Auditor observed descriptions of physical, testimonial, and documentary evidence in investigative reports. The reports included attachments of documentary evidence. Each investigator interviewed explained how they conducted credibility assessments. The Auditor observed credibility assessments scattered throughout investigative reports. The Auditor met with lead investigators and explained how credibility assessments could be better documented. The Auditor also provided a sample investigative report which included a credibility assessment for investigators to tailor to meet their needs. Each investigator makes efforts to determine if staff actions or failure of actions contributed to an allegation of sexual abuse or sexual assault.

The Virginia Beach Sheriff's Office does not conduct criminal investigations of sexual abuse incidents in the facility. Criminal investigations of this nature are conducted by the Virginia Beach Police Department. Virginia Beach Sheriff's Office investigators refer substantiated allegations to the police department when the evidence appears criminal. All investigative reports are maintained in the investigator's locked office for a minimum of 5 years after an inmate is released or staff member terminates employment.

Investigators informed the Auditor they conduct each investigation to the fullest extent, even if an inmate is released or a staff member is no longer employed. Each also informed the Auditor they remain informed during criminal investigations. The Virginia Beach Sheriff's Office has attempted to enter into a memorandum of Understanding with the Virginia Beach Police Department. The Auditor verified through emails of the attempt. To date a Memorandum of Understanding has not been signed by both agencies.

No state entity or Department of Justice component is responsible for conducting sexual abuse investigations in the Virginia Beach Correctional Center.

Conclusion:

The facility reported no substantiated allegations were referred for prosecution in the last 12 months. The facility was in the process of investigating an allegation at the time of the audit. Investigative reports were sufficient for the auditor to determine compliance. Interviews with investigators reveal they are knowledgeable on the requirements of this standard. The Auditor determined the facility meets PREA Standard 115.71.

Standard 115.72 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Policy places no standard higher than a preponderance of evidence to substantiate an allegation of sexual abuse or sexual harassment.

Evidence Relied Upon:

Policy 02-03-00 – Rules, Regulations and Discipline pg. 4
Interviews with Investigators

Analysis/Reasoning:

The Auditor asked 4 investigators to explain preponderance of evidence to the Auditor. The investigators stated preponderance is 51% - 49% or more evidence to support the incident did or did not happen. A review of investigative reports show the investigators use preponderance as the standard of evidence.

Conclusion:

The facility meets the requirements of this standard.

Standard 115.73 Reporting to inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy requires notification to the inmate upon conclusion of an investigation. The inmate will be informed if the investigation is substantiated/founded, unsubstantiated or unfounded. At the completion of an investigation involving an inmate abuser the facility will notify the victim when the abuser has been indicted on a charge related to sexual abuse within the facility or when the facility learns the abuser has been convicted on a charge related to sexual abuse within the facility. Policy also mandates when an allegation is against a staff member the facility will notify the victim when the staff member is no longer posted in the inmate's unit, no longer employed, has been indicted on a charge, or convicted of a charge related to sexual abuse within the facility.

Evidence Relied Upon:

Policy 02-10-00 – Professional Standards and Accountability pg. 4
Policy 08-17-00 – Criminal Investigations pg. 6
Notifications to Inmates
Investigative Records
Interviews with Investigators
Interviews with Inmates

Analysis/Reasoning:

The Auditor observed copies of notifications made to inmates in investigative files. Each facility investigator notifies the alleged victim at the conclusion of an investigation through a letter to the inmate. Facility investigators informed the Auditor they attempt to remain informed throughout a criminal investigation so notifications to the inmate victim can be made when the facility discovers an inmate abuser has been indicted or convicted on a charge related to the sexual abuse. Facility investigators are aware of their responsibility to inform inmate victims when staff are no longer posted in the unit, no longer employed, and have been indicted or convicted of a charge. There have been no substantiated or unsubstantiated allegations against a staff member who was alleged to have committed sexual abuse in the last 12 months.

Conclusion:

Interviews with inmates and investigators reveal staff investigators do inform results to inmates at the conclusion of investigations. Though no sexual abuse allegations against a staff member have been substantiated or unsubstantiated investigators are aware and policy mandates

inmates be informed of criminal indictments and convictions. Though no sexual assault allegations against inmates have been referred for criminal investigation, investigators are aware and policy mandates inmate victims be informed of criminal indictments and convictions. The Auditor found the facility meets the requirements of this standard.

Standard 115.76 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The facility has a policy governing discipline sanctions for staff who violate sexual abuse or sexual harassment policies. The presumptive sanction for committing an act of sexual abuse is termination. Sanctions are commensurate with the nature and circumstances of the acts committed, discipline history, and sanctions imposed for comparable offenses committed by other staff.

Evidence Relied Upon:

Policy 02-03-00 –Rules, Regulations and Discipline pg. 5
Interviews with Executive Staff

Analysis/Reasoning:

The Auditor reviewed an investigative report of a staff member who was alleged to have committed sexual harassment. The investigation concluded with a founded outcome. The staff member received a written reprimand and recommended to attend additional PREA training. Due to the nature of the act committed the written reprimand appeared to be commensurate with the nature of the alleged harassment. The investigative reports reviewed by the Auditor included a review of the employees personnel file, including disciplinary history.

Conclusion:

Though no staff has been found to have committed sexual abuse, leadership at the Virginia Beach Correctional Center are aware of their requirement to report to law enforcement and relevant licensing bodies any staff who commit in such act. Command staff and executive leadership are committed to ensuring employees are disciplined appropriately. They maintain termination is the presumptive discipline action if a staff member commits an act of sexual abuse. The Auditor found the facility meets the requirements of this standard.

Standard 115.77 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The facility has a policy requiring relevant licensing bodies and law enforcement be notified (unless clearly not criminal) when a contractor or volunteer violates the facility's sexual abuse policies. Contractors and volunteers will be prohibited from inmate contact for violating those policies. If the act committed is clearly not criminal, the facility considers other appropriate remedial measures and considers further contact with inmates.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 11
Interviews with Volunteers and Contractors

Analysis/Reasoning:

The facility reported no volunteer or contractor violated sexual abuse or sexual harassment policies in the previous 12 months.

Conclusion:

The Virginia Beach Sheriff's Office has not had a need to take action against a volunteer or contractor. The Auditor determined the facility meets this standard.

Standard 115.78 Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The facility policy allows for discipline sanctions following a formal discipline process when an inmate engages in inmate-on-inmate sexual abuse. Policy requires sanctions be commensurate with the nature of circumstances, discipline history, and sanctions imposed for comparable offenses committed by other inmates. Before determining sanctions the facility must consider if mental disabilities or mental illness contributed to the behavior. The facility also considers requiring the abuser to participate in therapy, counseling or other interventions to address and correct underlying reasons for committing the act.

Policy allows for inmates to be disciplined for sexual contact with staff if the staff member did not consent to the sexual contact. Reports made in good faith based upon a reasonable belief the alleged occurred do not constitute false reporting in the Virginia Beach Correctional Center, even if the evidence does not substantiate the allegation. Facility policy prohibits sexual activity between inmates.

Evidence Relied Upon:

Policy 08-17-00 – Criminal Investigations pg. 6-7
Policy 13-11-00 – Prison Rape Elimination Act pg. 7-8
Inmate Handbook
Discipline Records
Staff Interviews

Analysis/Reasoning:

The facility reported no substantiated cases of inmate-on-inmate sexual abuse in the previous 12 months. At the time of the audit the facility was conducting an investigation of inmate-on-inmate sexual abuse. This incident allegedly occurred just days before the audit began. There were no inmates disciplined for reporting sexual abuse in the past 12 months. Investigators informed the Auditor they have not placed disciplinary charges on inmates because no inmate-on-inmate allegation of sexual abuse has been substantiated. The facility maintains mental health staff through contracted services with NaphCare, Inc. NaphCare mental health staff counsel inmate victims and attempt to uncover the underlying reasons causing an abuser to commit to such activity.

Conclusion:

The Virginia Beach Sheriff's Office policy addresses all elements of this standard. There has been no need to discipline an inmate for engaging in sexual abuse at the facility. The Auditor determined the facility meets this standard.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy requires a 14 day follow up with medical or mental health practitioners after reporting sexual victimization. The follow up is offered whether it occurred in the community or in an institutional setting. The information is strictly limited to medical and mental health practitioners and other necessary staff to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 6-7
Policy 12-12-00 – Medical Services pg. 2
Interviews with NaphCare Staff
Inmate Medical Records
Offender Management System Records
Interviews with Inmates

Analysis/Reasoning:

The Auditor reviewed the files of 15 inmates who were referred to mental health after reporting prior sexual victimization. Of the 15 reviewed, the longest time expired from the time of reporting to the time of the follow up meeting was 8 days while the quickest reviewed was the next day. The Auditor interviewed inmates who reported suffering sexual victimization while incarcerated and others who reported suffering victimization in the community. All inmates informed the Auditor they were offered a follow up with a mental health professional.

The Auditor interviewed NaphCare staff who informed the Auditor inmates who report sexual victimization in the community during booking are offered a follow up with mental health staff. The Auditor was told that informed consent is obtained prior to releasing any information regarding sexual victimization that occurred in the community. NaphCare staff informed the Auditor they report information regarding sexual victimization and sexual abusiveness that happened in an institutional setting to the appropriate security personnel to ensure the victim or abuser is housed appropriately.

Medical and mental health records are only accessible to medical and mental health staff. Information received at booking by security personnel is electronically maintained in the Offender Management System. Information included in an inmate's Offender Management System record is limited to key personnel while other staff have restrictive access.

Conclusion:

The Virginia Beach Sheriff's Office is restricting information received from inmates who have experienced sexual abuse in a community setting. The facility is limiting access to sexual victimization and abusiveness that occurred in an institutional setting to key personnel who make security and management, housing, programming, work and educational decisions. Mental health staff are following up with inmate victims to offer counseling services and abusers in an effort to correct underlying reasons for committing sexual abuse. Medical and mental health staff are aware of confidentiality limitations and informed consent. The Auditor found the facility meets this standard.

Standard 115.82 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Policy allows for inmates to receive access to emergency medical treatment services. Staff first responders take immediate steps to protect the victim and immediately notify medical and mental health practitioners. Policy prohibits financial compensation from the inmate victim for treatment services related to sexual abuse, even if he/she fails to name the abuser or cooperate with the investigation.

Evidence Relied Upon:

Policy 12-12-00 – Medical Services pg. 2

NaphCare Policy – Sexual Abuse and Assault pg. 1

Security Staff Interviews

Medical Staff Interviews

Inmate Interviews

Analysis/Reasoning:

Interviews with security staff reveal they ensure medical staff are notified immediately so inmates receive appropriate medical services following a sexual abuse allegation. They informed the Auditor their first step is to ensure the abuser and victim are separated. Medical staff informed the Auditor the priority following a sexual abuse is emergency medical treatment. They do make an attempt to preserve as much physical evidence as possible while treating emergency medical needs. The Auditor was informed crisis intervention services begin at the forensic evidence collection process with emotional support services provided by a member of a community organization.

The Virginia Beach Sheriff's Office maintains 24/7 medical coverage within the facility. Medical staff informed the auditor they offer emergency contraception and sexually transmitted infections prophylaxis if not offered during forensic evidence collection. There have been no inmates offered emergency contraception or sexually transmitted infection prophylaxis in the previous 12 months. Medical staff informed the Auditor they do not charge inmates a fee for any service related to sexual abuse victimization.

The Auditor interviewed an inmate who alleged suffering sexual abuse just days before the audit. The inmate informed the Auditor she had not been charged a fee related to those services. The Auditor also interviewed random inmates. The inmate population is aware that services related to sexual abuse victimization are free to the victim. Medical staff informed the Auditor their services are consistent with a community level of care, if not better.

Conclusion:

NaphCare staff provide timely, unimpeded emergency medical treatment to inmate victims of sexual abuse. Security staff ensure medical personnel are notified immediately following a sexual abuse incident. Staff and inmates are aware the services related to sexual abuse are free to victims; policy mandates those service free of charge to the inmate victim. Crisis intervention services are offered to victims. The Auditor found the facility meets this standard.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy allows for victims of sexual abuse to be offered medical and mental health services consistent with a community level of care. These services are free of charge to the inmate victim. The facility will offer pregnancy testing for female victims of sexual abuse if not performed during the forensics examination.

Evidence Relied Upon:

Policy 12-12-00 – Medical Services pg. 1-2

NaphCare Policy – Sexual Abuse and Assault pg. 1-2

Interviews with NaphCare Staff

Interviews with Inmates

Analysis/Reasoning:

Interviews with NaphCare staff reveal inmates who have been victimized by sexual abuse in a prison, jail, lockup or juvenile facility are offered medical and mental health evaluations. NaphCare will make referrals for continued treatment to other facilities upon transfer or upon their release if warranted. The Auditor was informed that treatment plans are developed and follow up services are provided to inmate victims. The Auditor did review the records of inmates who alleged suffering sexual abuse. The inmates were offered a follow up with mental health providers. Inmate victims also meet with mental health practitioners for counseling sessions.

NaphCare policy allows for pregnancy testing to be offered to all female victims who suffered sexually abusive vaginal penetration. There have been no female victims of sexually abusive vaginal penetration in the last 12 months. Female inmate victims of sexually abusive vaginal penetration are offered the morning after pill. NaphCare staff do offer services to the inmate population that appear to be consistent with a community level of care. Some inmates receive services within the facility who would otherwise be denied if in the community. With mental and medical staff on site inmates do not have to wait extended periods for appointments that would otherwise have to be made in the community. All services related to sexual abuse are of no cost to the inmate victim.

Inmates who reported suffering sexual abuse informed the Auditor they were offered follow up services for medical and mental health.

Conclusion:

The Virginia Beach Sheriff's Office provides adequate medical and mental health care of inmate victims of sexual abuse that are consistent with medical care provided in the community. The services provided include follow ups, treatment plans and referrals when appropriate. All female victims are offered pregnancy test when warranted. The Auditor found the facility meets this standard.

Standard 115.86 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy requires each unsubstantiated and founded incident be reviewed by an incident review team which includes upper-level management, line supervisors, investigators and medical or mental health practitioners within 30 days at the conclusion of the investigation. The incident review team considers policy and procedure changes, examines the area, staffing levels, and monitoring technologies. The team also considers if the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex

identification, status or perceived status, gang affiliation, or other group dynamic.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 19-20

Sexual Abuse Incident Review Reports

Interviews with Staff

Analysis/Reasoning:

The Auditor reviewed 13 incident reviews. At the onset of its PREA efforts the facility was conducting incident reviews beyond 30 days after the conclusion of the investigation. The Auditor did see sufficient evidence which reveals the facility is currently conducting sexual assault incident reviews within 30 days. Each investigation reviewed by the Auditor since May 2016 was reviewed by the Incident Review Team within 30 days at the conclusion of the investigation.

The PREA Incident Review Team includes representatives from the above listed positions. The team completes a PREA Incident Review Final Report and submits it to the PREA Coordinator and Sheriff. The Sheriff and PREA Coordinator sign receipt of the final report. Recommendations for policy changes are included in the final report if needed. The reports reviewed by the Auditor included a consideration of the motivations for the allegation and a review of the facility area where the incident occurred. The Auditor observed documented discussions regarding the facility's video monitoring and a review of staffing levels in the area where the allegation occurred. The PREA Incident Review Team Final Report includes a section where recommendations for improvement are either implemented or reasons listed for not implementing.

Conclusion:

Incident review team staff are well aware of their responsibilities regarding incident reviews. The facility's Incident Review Team is conducting incident reviews as required by PREA Standard 115.86. The Auditor found sufficient evidence to determine the facility meets this standard.

Standard 115.87 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

The Virginia Beach Correctional Center policy requires sexual abuse data be collected. The policy requires the data be collected and reviewed annually.

Evidence Relied Upon:

Policy 13-11-01 – Prison Rape Elimination Act Data Collection, Storage, Publication and Destruction pg. 1

Annual PREA Report

Facility Website

2014 Survey of Sexual Violence

Analysis/Reasoning:

The facility's annual report on the website includes definitions for Carnal Knowledge, Oral Sodomy, Rape, Sexual Abuse, Sexual Battery, Sexual Assault, Sexual Assault with an Object, Sexual Fondling, Sexual Harassment, Staff Sexual Misconduct and Voyeurism. The Virginia Beach Sheriff's Office does not operate a private facility or contract with other agencies for the confinement of its inmates. The Auditor reviewed the facility's 2014 data that was required by the United States Department of Justice on the Survey of Sexual Violence. The data was sufficient to answer all questions on the Survey.

Conclusion:

The facility does collect sexual abuse/harassment allegation data for every allegation. The auditor compared the facility's aggregated data with the U. S. Department of Justice's, Survey of Sexual Violence. The data collected by the facility includes definitions and is appropriate to answer all questions on the Survey of Sexual Violence. The Virginia Beach Sheriff's Office compiles its data from July 1st to June 30th each year. The Auditor determined the facility meets the requirements of this standard.

Standard 115.88 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy requires a review of collected and aggregated data to improve the effectiveness of sexual abuse prevention, detection, and response efforts. The facility publishes this review in an annual report on its website which includes identifying problem areas and taking corrective action on an ongoing basis. Policy allows the facility to redact any information which could present a security and/or safety threat to the facility.

Evidence Relied Upon:

Policy 13-11-01 – Prison Rape Elimination Act Data Collection, Storage, Publication and Destruction pg. 1-2
Annual Report
Interviews with Staff

Analysis/Reasoning:

The Auditor reviewed the Virginia Beach Sheriff's Office annual report on its website. The report reviewed by the Auditor was for fiscal year 2016. The facility's fiscal year 2017 report is not yet completed. The report published on the Virginia Beach Sheriff's Office website was the first year the facility collected data as required by PREA Standard 115.88 and included an annual report of such data. There was no previous year's report for the Auditor to observe data comparisons. The PREA Coordinator and PREA Compliance Manager are fully aware the fiscal year 2017 report must include a comparison of previous year's data.

The Auditor observed a section in the report that included information to identify problem areas. The facility's annual report also includes a section of corrective actions. The Sheriff approves the annual report prior to publication on the Virginia Beach Sheriff's Office website. No information was redacted from the annual report.

Conclusion:

The Virginia Beach Sheriff's Office annual report is sufficient to meet the requirements of 115.88. Although the report had no data from previous years to review the PREA Compliance Manager and PREA Coordinator have data for the fiscal year 2017 to make comparisons. The Auditor found the facility meets PREA Standard 115.88.

Standard 115.89 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor Discussion:

Facility policy requires collected sexual assault and sexual harassment data be securely maintained. Policy allows for personal identifiers to be removed from reports included on the facility website. All sexual abuse data is maintained for a minimum of 10 years after the initial date of collection.

Evidence Relied Upon:

Policy 13-11-01 – Prison Rape Elimination Act Data Collection, Storage, Publication and Destruction pg. 2

Annual PREA Report

Facility Website

Interviews with Investigators

Analysis/Reasoning:

The Professional Standards Office and Criminal Investigative Unit investigators maintain investigative data in their locked offices. They also maintain investigative data electronically in Laser Fische (software). Access to investigative files on Laser Fische is restricted to investigators with usernames and passwords. The Auditor did not observe personal identifying information on the facility report published on the website. Investigators informed the Auditor they maintain investigative files for a minimum of 10 years after initial collection.

Conclusion:

The Auditor observed the office in which investigative data is stored. The Auditor also observed the final report on the facility's website. The Auditor found the facility compliant with this standard.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Click here to enter text.

Auditor Signature



09/08/16

Date