

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

Interim       Final

Date of Report    May 28, 2019

### Auditor Information

Name: <b>Alton Baskerville</b>	Email: <b>abville42@aol.com</b>
Company Name: <b>AB Management and Consulting, LLC</b>	
Mailing Address:    2310 Victoria Crossing Lane	City, State, Zip:    Midlothian, Virginia 23113
Telephone:    804-980-6379	Date of Facility Visit:    April 16-April 18, 2019

### Agency Information

Name of Agency: PERS-OOD	Governing Authority or Parent Agency (If Applicable): Navy Personnel Command PERS-OOD		
Physical Address:    Navy Personnel Command	City, State, Zip:    Millington, TN 38055		
Mailing Address:    5750 Commitment Loop	City, State, Zip:    Millington, TN 38055-0720		
Telephone:    1-901-874-4569	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency Is:	<input checked="" type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission:    To ensure security, good order, discipline, and safety of detained personnel; to retain and return as many personnel to honorable service as possible; to teach skills necessary to become productive citizens; and to ensure the safety, security and professional development of our staff.			
Agency Website with PREA Information: <a href="http://www.public.navy.mil/bupers-npc/support/correctionprograms/Pages/PREA.aspx">http://www.public.navy.mil/bupers-npc/support/correctionprograms/Pages/PREA.aspx</a>			

### Agency Chief Executive Officer

Name:    Mr. Timothy Purcell	Title:    Navy Corrections PREA Coordinator
Email:    tim.purcell1@navy.mil	Telephone:    1-901-874-4452

### Agency-Wide PREA Coordinator

<b>Name:</b> Mr. John Pucciarelli	<b>Title:</b> Navy Corrections PREA Coordinator
<b>Email:</b> john.pucciarelli@navy.mil	<b>Telephone:</b> 1-901-874-4569
<b>PREA Coordinator Reports to:</b> Mr. Timothy Purcell	<b>Number of Compliance Managers who report to the PREA Coordinator</b> <small>Click or tap here to enter text.</small>

### Facility Information

<b>Name of Facility:</b>	Naval Consolidated Brig Chesapeake		
<b>Physical Address:</b>	BLDG 500		
<b>Mailing Address (if different than above):</b>	1548 Wilderness Road, Chesapeake, VA 23322		
<b>Telephone Number:</b>	757-421-8841		
<b>The Facility Is:</b>	<input checked="" type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	
<b>Facility Mission:</b>	To ensure security, good order, discipline, and safety of detained personnel; to retain and return as many personnel to honorable service as possible; to teach skills necessary to become productive citizens; and to ensure the safety, security and professional development of our staff.		
<b>Facility Website with PREA Information:</b>	<a href="http://www.public.navy.mil/bupers-npc/support/correctionprograms/Pages/PREA.aspx">http://www.public.navy.mil/bupers-npc/support/correctionprograms/Pages/PREA.aspx</a>		

### Warden/Superintendent

<b>Name:</b> CDR Marcus Devine	<b>Title:</b> Commanding Officer
<b>Email:</b> marcus.a.devine@navy.mil	<b>Telephone:</b> 757-421-8847

### Facility PREA Compliance Manager

<b>Name:</b> MSgt. Mark Archambeau	<b>Title:</b> PREA Compliance Manager
<b>Email:</b> mark.k.archambeau1@navy.mil	<b>Telephone:</b> 757-421-8842

### Facility Health Service Administrator

<b>Name:</b> Christine LammBar	<b>Title:</b> Clinical Services Director
<b>Email:</b> Christine.lammbarr@navy.mil	<b>Telephone:</b> 757-421-8654

### Facility Characteristics

<b>Designated Facility Capacity:</b> 400	<b>Current Population of Facility:</b> 44
<b>Number of inmates admitted to facility during the past 12 months</b>	221
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	192
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	221
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>	0
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 0 <b>Adults:</b> 18-50

Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:	Click or tap here to enter text.		
Average length of stay or time under supervision:	Click or tap here to enter text.		
Facility security level/inmate custody levels:	Level 1 Female		
Number of staff currently employed by the facility who may have contact with inmates:	Click or tap here to enter text.		
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	Click or tap here to enter text.		
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	Click or tap here to enter text.		
<b>Physical Plant</b>			
Number of Buildings: 2	Number of Single Cell Housing Units: 5		
Number of Multiple Occupancy Cell Housing Units:	0		
Number of Open Bay/Dorm Housing Units:	0		
Number of Segregation Cells (Administrative and Disciplinary):	36		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
217 operating cameras			
<b>Medical</b>			
Type of Medical Facility:	Sick/Medical Department		
Forensic sexual assault medical exams are conducted at:	NMC Portsmouth, VA		
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	Volunteer		
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	Click or tap here to enter text.		

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

On February 18, 2019, the Pre-Audit Notification was sent to the Chesapeake Naval Brig. To be posted throughout the jail. The audit would take place April 16, 2019 through April 18, 2019. Instructions were given to post the notice throughout the facility where offenders, staff and visitors can view it. The notification will remain posted at least six weeks after the onsite audit. On February 26, 2019, I received the disc which included the Pre-Audit Questionnaire, operating procedures, organizational charts, staffing rosters, and inmate housing rosters. I received no offender request to be interviewed prior to the onsite visit.

Master Sergeant Archambeau, PREA Compliance Manager, escorted the audit team, Phyllis Baskerville and I, to the Naval Brig. from our hotel. We arrived at the jail around 8:00 A.M. We met with Commanding Officer Marcus Devine, Technical Director John Adams, John Pucciarelli, Navy Corrections PREA Coordinator and other key staff in the administrative conference room. CDR Marcus Devine welcomed us and introduced the staff that was present. CDR Devine shared a power point presentation on the jail. The audit team introduced ourselves and shared the audit schedule, expectations and purpose for the audit. After conclusion of the entry meeting, we were given a complete tour of the jail.

The tour started in the Brig.'s sally port. The sally port leads to the intake area where there are five holding cells, each equipped with toilet and sink. The officer on duty answered questions concerning intake and showed us intake paperwork, which included the intake screening form and PREA information. We went to the counselor's office next. The counselor reviews all intake-screening forms and assists with the classification process. We began touring all the pods in which inmates were assigned. One pod housed two female inmates. Each pod had a bulletin board on the dayroom wall, which contained information on PREA reporting procedures and posted telephone numbers for the DoD Safe help Line. I tested the hot line and was able to use it. Inmates are required to be dressed when they are out of their cells. They are able to shower and to undress before and after without being viewed by staff. Staff were observed announcing "Female on Deck!" or "Male on Deck!" when entering the housing unit of the opposite gender. Other areas toured were medical, kitchen, classrooms, visiting area, indoor and outdoor recreation areas and chapel. The PREA Notification letter was posted throughout the jail. We spoke with staff and inmates throughout our tour. Staff was professional, informed and understood the importance of PREA compliance. They all have a card attached to their ID holder, which shows what to do in the event of an alleged sexual assault or alleged sexual harassment complaint. Inmates were receptive to our communications with them throughout the jail. They were receptive and respectful during our interactions. Inmates were familiar with PREA requirements, acknowledged receiving PREA training, and shared that they felt safe in the jail.

The entire facility was very clean and well maintained. Staffing was more than adequate to meet the security needs of the jail. The Naval Brig has 217 operating cameras that are viewed by staff from several locations.

Upon completion of the tour, we took a lunch break and returned to our assigned work areas to interview staff and inmates, and to review files and documents. The audit team interviewed 13 random inmates and 3 inmates who reported sexual victimization during risk screening. Inmate interviews affirmed that they had received PREA training and they believed staff had zero tolerance for PREA violations. The audit team interviewed 14 random staff and 13 specialized staff. The interviews of staff demonstrated knowledge of policy and procedures reference PREA. In order to determine overall compliance of PREA standards, the audit team review policy and procedures, secondary documentation, review of logbooks, observations during the tour, and interviews of inmates and staff.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Commissioned on July 22, 2011, and opened on August 10, 2011, the Chesapeake Naval Brig. is a level II facility that now only houses level I inmates. Initiated as part of the Base Alignment and Closure Commission 2005, it was the first naval consolidated brig to be built in 22 years. It consists of a 25-acre parcel of land located on the Naval Support Activity Hampton Roads Northwest Annex. The 225,000 square foot facility has 209,000 square feet of climate-controlled space and is designed to house prisoners in single cells in five housing units. The jail has a linear style design, and all operations are connected under one roof. The compound is secured within a high security fence consisting of a double, 12-foot chain-link fence with three rolls of razor wire. The entire jail is covered by an extensive camera system with 217 operating cameras that is monitored in the central control center and several other areas.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 3

115.13, 115.21, 115.53

**Number of Standards Met:** 41

115.11, 115.14, 115.15, 115.16, 115.17, 115.18, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

**Number of Standards Not Met:** 0

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## Summary of Corrective Action (if any)

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## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has a written SOP (1040); mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The SOP outlines how it will implement the zero- tolerance approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The SOP includes definitions of

prohibited behaviors regarding sexual assault and sexual harassment. It also includes sanctions for those found to have participated in prohibited behaviors. The SOP includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

The agency has assigned an upper-level, agency-wide PREA coordinator. (The auditor has retained a copy of the order)

The order states that the PREA coordinator shall sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. This was confirmed during the Coordinator's interview.

The agency's organizational chart shows the position of the PREA coordinator in the agency's organizational structure:

The facility has assigned a PREA compliance manager. (The auditor has retained a copy of the order)

The order states that the PREA compliance manager shall have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. This was confirmed during the PREA Manager's interview.

The position of the PREA compliance manager is displayed in the agency's organizational structure:

The following documents were reviewed in determining compliance.

- SOP 1040 (PREA Policy)
- BUPERSINST 1640.23 (Agency Policy)
- PERS Guidance Letter #1
- PERS PREA Coordinator Appointment Letter
- PERS PREA Coordinator Training
- PERS Org Chart (Show PREA Coord.)
- NCBCH PREA Appointment Letter
- NCBCH PREA Compliance Mgr. Training
- NCBCH Org Chart
- CO Zero Tolerance Policy PERS PREA Coord. Training

## Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  
 No  NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to

115.12(a)-1 is "NO".)  Yes  No

- NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Naval Brig does not contract with any other agencies, public or private. However, the Department of the Navy does have some limited contractual confinement provided from time to time. Any such contracting with any private agencies or other entities, including other government agencies for the confinement of either pre-trial or post-trial prisoners would be conducted at the agency level, Naval Personnel Command. (PERS-OOD). In the event any private agencies or other entities are contracted, PERS-OOD would ensure that the contractor is in compliance with PREA Standards. This standard is in compliance based upon the previously stated documentation which is supported by MFR (contracting for confinement), DTM-13-002 DoD Directive PREA, and Memo 1040/00T/PREA/6 Feb 2019.

## Standard 115.13: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy

from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 requires that the facility develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse. OPNAV Instruction 1000.16K provides the template for calculating the necessary person-hours or FTEs required. I reviewed the Manpower Analysis report (staffing plan). The report is a 46 page report that contains all 11 items required by the standard and SOP1040. The Manpower Analysis was based on an ADP of 400. The facility's ADP is 101. The facility reports no deviations from the staffing plan.

The facility, in collaboration with the PREA coordinator, reviews the staffing plan every MAY to see whether adjustments are needed in the staffing plan, the deployment of monitoring technology, or the allocation of facility resources to commit to the staffing plan to ensure compliance.

SOP 1040 requires that intermediate-level and higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. SOP 311-1 requires the facility document each unannounced round. The PREA manager supplied copies of logbook entries documenting these rounds, which covered all shifts and all areas of the facility. The facility prohibits staff from alerting other staff of the conduct of such rounds. Since May 2016, the average daily number of prisoners in confinement is 81. The average daily number of prisoners in which the staffing plan was predicted is 100. The Naval Brig has exceeded this standard based upon observations, interviews of staff and extensive documentation, including directives, operating procedures and log entries.

## Standard 115.14: Youthful inmates

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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The Naval Brig has not had a youthful offender assigned during the past twelve months. If youthful offenders are housed in the jail, SOP 1040 prohibit them from being in sight or sound of adult inmates. This standard is in compliance based upon interviews with staff and review of the following documentation: 1. PREA SOP 1040, 2. Prisoner Hand book, 3. BUPERSINST 1640.22, AND 4. MRF No Minors.

### Standard 115.15: Limits to cross-gender viewing and searches

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  No  Yes

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 prohibits cross-gender strip and visual body cavity searches of inmates. The facility does not permit cross-gender pat-down searches, absent exigent circumstances. The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The facility reports no cross gender pat-down searches of inmates. Interviews with staff, inmates, supervisors, and command staff confirm that no cross gender searches have been conducted.

SOP 1040 requires that all cross-gender strip searches and cross-gender visual body cavity searches and all cross-gender pat-down searches be documented.

The SOP also requires that inmates are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

SOP 1040 requires staff of the opposite gender to announce their presence by announcing "Male on Deck" or Female on Deck" when entering an inmate housing unit. Staff is prohibited from searching or physically examining a transgender, intersex or gender non-conforming inmate for the sole purpose of determining the inmate's genital status.

A review of the training Power Point and training roster shows that security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs: Staff members were able to describe search techniques used: back or blade of the hand and press and release. This standard is in compliance based upon staff and inmate interviews, and review of the following documents:

- SOP 1040 (PREA SOP)
- SOP 405 (Searches) DRAFT
- BUPERSINST 1640.18H
- MFR Cross Gender Searches
- MFR Body Cavity Search
- Searches Power Point
- Training Roster
- Photos of showers and cells (SQ and Facility)

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

## 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 establishes the procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. These services are done through **Military OneSource. 1-800-342-9647**

SOP 1040 has assigned the PREA Compliance Manager the additional duty as the ADA Coordinator and shall at a minimum, complete the following ADA related web courses ( a. ADA Basic Building Blocks and b. ADA Title II Tutorial). The Commanding Officer or designee shall consult with the ADA Coordinator and take appropriate steps to ensure that prisoners with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

SOP 1040 prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties under §115.64, or the investigation of the inmate's allegations. The Brig reports that inmate interpreters, readers, or other types of inmate assistants have been used 32 times in the past 12 months.

The facility is in compliance with this standard based upon interviews with staff and inmates and review of the following documents:

- SOP 1040 (PREA SOP)
- Translation Services
- MFR Disabilities, Limited English Proficient/ MFR Interpreters
- ADA Appointment DRAFT
- Prisoner Handbook
- PREA Prisoner Training Acknowledgement
- AR 601-270 MEPS

- Photo of TDD
- Photo Prisoner Telephone
- PREA Guidance Letter from HQ
- PREA Posters

## Standard 115.17: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting 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?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting 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?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); or who has been convicted of engaging or attempting 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; or has been civilly or administratively adjudicated to have engaged in the activity previously described. SOP 310 requires a criminal background records check. All applicants are asked:

*Have you ever had contact with prisoners?*

- (a) Have you engaged in any type of sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997)?*
- (b) Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, of if the victim did not consent or was unable to consent or refuse?*
- (c) Have you been civilly or administratively adjudicated for having engaged in the activity described above?*  
*(2) Have you been civilly or administratively adjudicated for having engaged in any incidents of sexual harassment*

SOP 1040 requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

(e)-1 Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. The Commanding Officer shall impose upon staff a continuing affirmative duty to disclose any such misconduct. SOP 1040 (f)

SOP 1040 states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. This standard is in compliance based upon interview results from HR Director, and review of the following documents:

- SOP 1040 (PREA)
- SOP 310 (Standards of conduct)
- SOP 302 (Recruitment, Selection and Promotion)
- PREA Guidance Letter (PERS)
- New Employee Questionnaire/Acknowledgement
- Staff Background Check
- NCIC Request / Contractor Refusal
- Annual Employee Assessment/Review
- Standards of Conduct signed

## **Standard 115.18: Upgrades to facilities and technologies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  Yes  No  NA

### **115.18 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 states:

- When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Architectural Review Board and NAVFAC Design Staff shall consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect prisoners from sexual abuse.
- When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Technical Director and Operations Officer shall consider how such technology may enhance the facility's ability to protect prisoners from sexual abuse.
- Facilities and technology upgrades must be coordinated with the Facilities Management, Information Technology and Financial Management staff.

A Memorandum for Record states that the NAVCONBRIG has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 2013. This standard is in compliance based upon interview of staff, observation during the tour and review of the following documentation:

- SOP 1040 (PREA SOP)
- Security Camera Review
  - Master Camera List
  - Expansion or Renovation MFR
  - CO PREA Policy Letter
  - Annual Review of Physical Plant - Manning – Security 2017

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)
- Yes  No  NA

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Allegations regarding sexual misconduct are referred to Naval Criminal Investigative Services (NCIS). NCIS follows protocols for collection of evidence. The Command Investigators follow Naval Criminal Investigative Services (NCIS) and Navy Bureau of Medicine and Surgery (BUMED) protocols for evidence collection and medical examinations for administrative proceedings and criminal prosecutions. NTTP 3-07.2.3 describes the procedures for crime scenes and evidence collection.

SOP 1040 (d) states: Upon learning of a sexual assault, the first staff member that receives the report or the sexual assault shall immediately notify the CDO who will notify the Sexual Assault Prevention and Response Coordinator (SARC) of the incident. The SARC will subsequently offer support to accompany the victim through the forensic medical exam process and investigatory interviews. Victims may also request emotional support services, crisis intervention, information and referrals anonymously via the Safe Helpline Operated by the Rape, Abuse & Incest National Network (RAINN) at 877-995-5247.

The facility offers all victims of sexual abuse access to forensic medical examinations. The BRIG refers all prisoners of sexual abuse to Naval Medical Center Portsmouth (NMCP) Examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANES) Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

The BRIG offers victim advocacy services by certified Department of Defense Sexual Assault Victim

Advocates. There were no forensic medical exams conducted during the past 12 months. Nor were there any exams performed by SANEs or SAFEs during the past 12 months.

The facility has very good procedures and practices and staff training to address this standard.

- SOP 1040 (PREA SOP)
- NTTP 3-07.2.3
- BUPERSINST 1640.23
- DON MOU with NCIS and Medical
- Age at Confinement
- MFR- Forensic Medical Examinations
- MFR Medical Examinations
- BUMED 6310.11A Forensic Protocol
- 32 CFR 199.16
- SAPR Designation and Training
- PREA Training Acknowledgement
- Victim Responder Certification
- Victim Advocate Training
- SAPR Designation and Training
- Safe Helpline – RAINN Website
- Safe Helpline Contract (DoD)

## Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Naval Brig ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse or staff sexual misconduct). All allegations of sexual misconduct, regardless of severity or merit, are referred to the Naval Criminal Investigative Service (NCIS) for investigation. If NCIS declines investigative jurisdiction, NCIS will refer the case to the facility, who will conduct an investigation using qualified investigators.

During the past 12 months, there were 2 allegations of sexual abuse and sexual harassment that were received. One allegation resulted in a criminal investigation, and one allegation resulted in an administrative investigation.

Agency policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means.

Command Investigators document all referrals of allegations of sexual abuse or sexual harassment for criminal investigation and assign a sequential case control number. This facility is in compliance with standard. Decision was based upon interview of staff and review of the following documents:

- SOP 1040 (PREA SOP)
- BUPERSINST 1640.23
- NPC/ NCIS Web Page  
NCIS/Medical MOA
- NCIS Web Page
- DTM-14-002
- Investigator Training Certificates
- Brig Annual Report
- Survey of Sexual Victimization
- PREA Incident Response Checklist
- State DOJ Investigation MFR

# TRAINING AND EDUCATION

## Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Naval Brig trains all employees who have contact with inmates on the following matters  
Agency's zero-tolerance policy for sexual abuse and sexual harassment. [PREA Slide 14](#)

How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. [PREA Slides 21-23](#)

The right of inmates to be free from sexual abuse and sexual harassment.

The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. [Slides 24-27](#)

The dynamics of sexual abuse and sexual harassment in confinement.

[PREA Slide 39](#)

The common reactions of sexual abuse and sexual harassment victims.

[PREA Slides 26](#)

How to detect and respond to signs of threatened and actual sexual abuse.

[Slides 38](#)

How to avoid inappropriate relationships with inmates.

[PREA Slides 27-32](#)

How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates.

[PREA Slides 33-34](#)

In the past 12 months 113 employees assigned to the facility were trained on the PREA requirements listed above. The agency provides employees with Memorandum and information about current policies regarding sexual abuse and harassment. Employees receive annual refresher training on PREA requirements. The agency documents that employees understand the training they have received through employee signature. This standard is in compliance based upon results from employee interviews, and review of the following documents:

- SOP 1040 (PREA SOP)
- SOP1040/CO's Zero Tolerance Policy
- Designated Place of Confinement
- Staff Training PowerPoint
- PREA Training Sign –in Sheets Verification of Training
- Annual Staff PREA Training Acknowledgements
- Annual Staff Refresher Training
- Staff Pre-Service Training
- Annual Staff Training Plan
- Staff Training Records
- Facilitator Certification

## Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOPs 1040 requires all volunteers and contractors who have contact with inmates to be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. In the past 12 months, all volunteers and individual contractors (123) have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

All volunteers and contractors who have contact with inmates have been trained and have signed a document stating that they have been trained and understand the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and were informed how to report such incidents. The Brig maintains documentation confirming that the volunteers/contractors understand the training they have received. The Naval is in compliance of this standard. Evidence were obtained from interview of volunteers and contractors, and review of the following documents:

- SOP 1040 (PREA SOP)
- SOP 1037 (Volunteer Contractor Intern Facility SOP)
- SOP 305 (Staff Training)
- SOP 310 (Standards of Conduct)
- PREA Trainer Certificate
- Volunteer, Contractor, Intern Training PREA Acknowledgement Form
- Volunteer - Contractor Agreement
- Volunteer – Contractor Handbook
- PREA-Training Contractor Roster
- PREA Training Volunteer Roster
- Pre-service Volunteer-Contractor Training PREA slides
- In-service Volunteer-Contractor Training PREA slides

## Standard 115.33: Inmate education

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Inmates receive information at time of intake verbally and in writing about the zero- tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. (Prison Rape Elimination Act Intake Information Sheet) Each inmate is required to sign the form stating that they have received the information and that they understand. Additional information is provided in the prisoner Rules and Regulations and on posters throughout the facility. Within 30 days, the Program and Industries Officer is responsible to provide Comprehensive training to prisoners either in person or through video regarding their right to be free from sexual misconduct and to be free from retaliation for reporting such incidents and regarding Brig policies and procedures for responding to such incidents.

A Memorandum for Record states that from August 20, 2013 to present, the NAVCONBRIG has not held a deaf visually impaired or otherwise disabled prisoner. Prior to confinement, all prisoners are medically screened for fitness in confinement. The NAVCONBRIG does not confine personnel who are visually impaired or otherwise disabled. All military service components require English proficiency prior to acceptance of enlistment. In the unlikely event that the BRIG receives a physically or mentally challenged prisoner; services would be provided through Military OneSource. 1-800-342-9647

The BRIG ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. The facility is in compliance based upon evidence received from interviews of inmates and staff and review of the following documents:

- SOP 1040 (PREA SOP), Orientation schedule
- Intake Information Sheet
- Disabilities, Limited English Proficient MFR
- Prisoner Rules and Reg, PREA PowerPoint For Prisoner Training

## **Standard 115.34: Specialized training: Investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### **115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 requires that NCIS investigators be trained in conducting sexual abuse investigations in confinement settings.

Investigators are required to complete the National Institute of Corrections on-line training course Investigating Sexual Abuse in a Confinement Setting. The PREA Manager provided copies of the Certificate of Completion for their investigators.

There are two investigators currently employed who have completed the required training.

- SOP 1040 (PREA SOP)
- NIC Investigator Specialized Training Course Description
- Brig Investigator Specialized Training
- NCIS MOU
- Outside Investigator Specialized Training NCIS

#### Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 requires that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Specialized medical and mental health training is conducted through the National Institute of Corrections on-line training. Medical and Mental Health Staff are required to complete Medical Health Care for Sexual Assault Victims in a Confinement Setting and Behavior Health Care for Sexual Assault Victims.

Agency medical staff at this facility do not conduct forensic exams. Forensic exams would be conducted at the Naval Hospital in Portsmouth, VA.

The agency maintains documentation pertaining to the training referenced above.

Medical and mental health care practitioners also receive the training mandated for employees under § 115.31.

This standard is in compliance based upon evidence from interviews of medical and mental health staff, and review of the following documents:

- SOP 1040 (PREA SOP)
- BUMED 6310.11A Forensic Protocol
- DON Medical MOU
- Medical and Clinical Staff Training Acknowledgements
- Forensic Medical Examinations MFR
- Staff Training-NIC Mental Health Care for Sexual Assault Victims (Medical)
- Staff Training Cert- NIC Responding to Sexual Abuse (Response)
- Staff Training Cert-NIC Behavior Health Care for Sexual Assault Victims (Behavioral)
- 

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  Yes  No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No

- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 requires screening within 24 hours of arrival to the facility, for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Risk assessment is conducted using an objective screening instrument. (Screening For Risk Of Victimization And Abusiveness Form)

The SOP requires that the facility reassess each inmate's risk of victimization or abusiveness within 14 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

The SOP requires that the inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Prisoners who are identified as being at risk for victimization or abusiveness, transgender, or intersex will be reassessed at least twice a year per policy.

The Brig is in compliance of this standard based upon evidence acquired during interviews of relevant staff, and review of the following documents:

The following documents were reviewed in determining compliance.

- SOP 1040 (PREA SOP)
- PREA Risk Assessment
- PREA Guidance Letter
- PREA Risk Assessment- victimization
- Clinical PREA Tracker
- Information MFR
- No Discipline MFR

## Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?   
Yes  No

### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The BRIG uses information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The Prisoner Management Director, Prisoner Classification makes recommendations to the Commanding Officer about how to ensure the safety of each inmate. Housing and program assignments for transgender or intersex inmates are made on a case-by-case basis. Standard is in compliance based upon evidence received during interviews of staff and review of the following documentation:

- SOP 1040 (PREA SOP), PREA Intake Screening, AIMS Classification, Clinical PREA Tracker
- BUPERSINST 1640.22 AIMS excerpt, AIMS instructions and Worksheet

## Standard 115.43: Protective Custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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SOP 1040 prohibits the placing of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PREA manager reports that there were no cases of involuntary segregation in the past 12 months.

Prisoners in ADSEG and PC shall have access to programs and services that include, but are not limited to the following: education, health and comfort, library, religious guidance, legal, counseling, recreation and counseling. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 7 calendar days for the first two months and every 30 days thereafter to determine whether there is a continuing need for separation from the general population. This is in compliance based upon evidence from interviewing staff and review of the following documentation:

-SOP 1040 (PREA SOP), SOP 311-6 Special Quarters SOP, PC MFR

## REPORTING

### Standard 115.51: Inmate reporting

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No

- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Per SOP 1040, prisoners are able to anonymously report an incident of sexual abuse or sexual harassment using the DoD Safe Help Line. The DoD Safe Helpline will help connect the prisoner with an appropriate Sexual Assault Response Coordinator (SARC), Sexual Assault Prevention and Response Victim Advocate or other designated local point of contact. Reporting information is provided through inmate training, information sheet at the time of intake, posters and in the inmate handbook. The inmates have several outside advocates that they can contact including a.) the DoD Safe Helpline 987)995-5247; b.) Norfolk Installations/NMCP/Norfolk Naval Shipyards Sexual Assault Response Coordinator, (757) 438-3504, and c.) Naval Medical Center Portsmouth (NMCP)/NSA Hampton

Roads Sexual Assault Response Coordinator (SARC) (757) 402-2568. All sources have a 24-hour duty line.

SOP 1040 requires staff to accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The policy requires informed consent. (Any information related to sexual victimization or abusiveness shall be strictly limited to medical and mental health practitioners and other staff as necessary to assign treatment plans, security and management decisions to include housing, cell/bed assignment, work, education and program assignments, or as otherwise required by Federal, State, or local law.) All staff interviewed stated that they would document verbal reports as soon as possible, before the end of their tour of duty.

Staff can privately report sexual abuse and sexual harassment of inmates by calling the DOD Safe Helpline, SARC, SARP or the Inspector General.

The Brig is in compliance with this standard as a result of evidence obtained from staff and inmate interviews, and review of the following documentation;

- HQ Email - Anonymous Reporting Requirement
- DoD Memo on Reporting Options
- SOP 1040 (PREA SOP)
- Prisoner Handbook
- PREA Prisoner Training Power Point
- Prisoner Training Acknowledgement
- PREA Staff Training Power Point
- PREA Staff Training acknowledgement form
- PREA Reporting Poster
- Prisoner Intake Information Sheet
- Civil Immigration MFR
- Standards of Conduct signed

## Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Per DOJ guideline, Federal Register Volume 77, No. 199, Rules and Regulations, page 37157-37161, the Navy is exempt from this standard. Navy Corrections currently lacks such procedures for responding to allegations of sexual misconduct and per DOJ interpretation is not required to create them. SOP 1040 dated 10 JAN 19, states (Although exempt, the following grievance procedures are provided for clarification of grievance processing: **1.** There is no time limit on when a prisoner may submit a grievance regarding an allegation of sexual misconduct or any type of grievance. Allegations of sexual misconduct may be submitted in any form at any time. **2.** Prisoners submitting a written grievance will receive a written response within five (5) working days of submitting a grievance. **3.** If the prisoner disagrees with the CO's designee response to the subject of the grievance, the prisoner may appeal the decision to the CO within fifteen (15) days of receipt of the final determination. The appeal will be reviewed and a written decision made within thirty (30) days of receipt. **4.** Under no circumstances will the final agency decision on a submitted grievance be rendered more than ninety (90) days after submission.)

SOP 1040 allows an inmate to submit a complaint regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The SOP does not require an inmate to use an informal process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. A decision on the merits of any complaint or portion of a complaint alleging sexual abuse will be made within 30 days of the filing of the grievance. In the past 12 months, one (1) grievance was filed that alleged sexual abuse. The final decision on that grievance was reached within ninety (90) days.

The Naval Brig is in compliance with this standard based upon evidence from interviews from staff and review of the following documentation:

- SOP 1040 (PREA SOP)
- Federal Register Exemption
- Prisoner Handbook
- Exhaustion of Administrative Remedies MFR
- PREA Intake Information Sheet

## Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

## Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The NAVCONBRIG provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers to the following:

Naval Air Station Oceana/ Dam Neck Sexual Assault Response Coordinator (SARC)  
24 hour duty line is (757) 641-6247  
Victim Advocate line is (757) 438-3260

Norfolk Installations/NMCP/Norfolk Naval Shipyards Sexual Assault Response Coordinator (SARC) 24  
hour duty line is (757) 438 -3504

Department of Defense Safe Helpline  
(Operated by the Rape, Abuse & Incest National Network (RAINN)) 24-  
hour duty line is (877)995-5247

These phone numbers are free of charge to the inmates and are not recorded. The BRIG informs inmates (in writing), prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

The BRIG maintains memoranda of understanding or other agreements with the DOD Safe Helpline whom are able to provide inmates with emotional support services related to sexual abuse. On May 20, 2019 at 5:42 PM, a test call was made to Naval Air Station Oceana/Dam Neck Sexual Assault Response Coordinator (SARC) at 757.641.6247. Spoke with representative who confirmed they provide support services to the Naval Consolidated Brig Chesapeake. She confirmed that this mandatory service is available 24 hours per day/ 7 days a week. A test call was also made to Department of Defense Safe Helpline (DoD safe Helpline) which is operated by the Rape, Abuse and Incest National Network (RAINN) 24 hour duty line. Spoke with representative who confirmed it's role to provide support services 24 hours to the Naval Brig. The number for the DoD Safe Helpline is posted on the board in the inmates living quarters. This standard exceeds compliance based upon access to multiple outside support services as evidence by the test calls and the following documentation:

- SOP1040 (PREA SOP), Civil Immigration MFR, SAPR certs
- PREA Resource Information, Safe Helpline Contract
- Draft MOU NCIS, SAPR Checklist, Brig Website
- MFR Reporting Methods, DoD Safe Helpline Web page
- Prisoner Rules and Regs, Dod Safe Helpline Poster
- PREA intake briefing sheet,

## Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Naval BRIG uses the DOD Safe Helpline for third party reporting. The Naval BRIG publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates through its web site. Family members and friends can file a report on the web site.

This is in compliance based upon evidence obtained through observations, interviews of staff and inmates, and review of the following documentation:

- SOP 1040 (PREA SOP)
- Prisoner Handbook
- PREA Prisoner Intake Information Sheet
- Clinical Limitations to Confidentiality
- Photo of PREA Posters in Unit

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040/310 requires all staff to report immediately to the Command Duty Officer any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurs in any facility, whether or not it is part the Navy corrections system. All staff must report immediately, any retaliation against inmates or staff who reported such an incident. All staff must report immediately, any

staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to the designated supervisors or officials and designated state or local services agencies, SOP 1040 prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. All staff interviewed were aware of this policy. All staff has a PREA action card that they keep on their person, which instructs what action to take if they receive a sexual abuse complaint. Every employee interviewed was very knowledgeable about his or her duty to report in a timely manner.

The Brig is in compliance of this standard due to evidence acquired during the interview of staff and review of the following documentation:

- SOP 1040 (PREA SOP), MFR Youthful Offenders, Situation Report(SITREP)
- PREA Incident Response Checklist, Rights of Prisoner Clients
- SOP 310, Limits of Confidentiality
- PREA Incident Response Checklist - Complete
- Privacy Act, PREA Guidance Letter, Draft MOU NCIS

## Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 states that any prisoner who feels at substantial risk of imminent sexual abuse may submit an emergency request to staff member orally or in writing. All emergency requests shall be forwarded to the Command Duty Officer who shall take immediate action to protect the prisoner. The Brig reports no incidents that an inmate was subject to substantial risk of imminent sexual abuse during the past (12) months.

This standard is in compliance based upon interview of staff and review of the following documentation:

- SOP 1040 (PREA SOP)
- PREA Incident Response Checklist

- Sample CO Notification of Investigation Status
- PC MFR
- Staffing Plan Analysis
- Imminent Risk MFR

## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 requires that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Commanding Officer must notify the head of the facility where sexual abuse is alleged to have occurred.

The Commanding Officer must provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The BRIG documents that it has provided such notification within 72 hours of receiving the allegation. The PREA Compliance Manager maintains the documentation. It is also recorded in the prisoner's records and in CORMIS using the 2713 Prisoner Observation Report. The SOP also requires that allegations received from other facilities/agencies are investigated. The NAVCONBRIG reports (1) one allegation of sexual abuse received from another facility in the past (12) months The Brig is in compliance based upon evidence obtained during interviews and review of the documentation: SOP 1040

(PREA) and MFR-Transfer Notification.

## Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.64 (b)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?   
Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 outlines the first responder duties for allegations of sexual abuse. The SOP requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report is required to:

- (1) Separate the alleged victim and abuser.
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- (3) If the abuse occurred within 7 days of the report, there is still time for the collection of physical evidence. Ensure that the alleged victim and abuser do not take actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- (4) Immediately call medical and notify the Command Duty Officer, who will inform the chain of command.

If the first staff responder is not a security staff member, that responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff or the Command Duty Officer.

The BRIG reports 1 allegation that an inmate was sexually abuse in the past 12 months. The incident was unfounded. This standard is in compliance based upon evidence received as a result of staff interviews, and review of the following documentation:

- SOP 1040 (PREA SOP), Staff NIC Training Certs
- PREA Incident Response Checklist Completed
- PREA Staff Training PowerPoint First Responder Slide
- Staff Training Acknowledgement
- Contractor, Volunteer, Intern Training Acknowledgement
- First Responder Card

## Standard 115.65: Coordinated response

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SOP 1040 specifies a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Naval BRIG uses the Incident Response Procedures form. The form requires certain information be documented: i.e. Date, time, location and victim. The form also contains spaces for arrival of the Command Duty Officer and on scene security. The following section is a check off list with times of notifications made to the following: APR, PS OFFICER, INVESTIGATIONS, PREA Compliance Manager, Technical Director, XO, CO, NCIS.

There has not been an incident that required a coordinated response to an allegation of a sexual assault. This standard is in compliance based upon evidence obtained from interviews from supervisory staff, and review of the following the documentation:

- SOP 1040 (PREA SOP)
- PREA Incident Response Checklist

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### 115.66 (b)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The NAVCONBRIG does not have any collective bargaining agreements.

## Standard 115.67: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 protects all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The Parole and Release Department Head is charged with monitoring for retaliation. For at least (90) days following a report of sexual misconduct, the Parole and Release Department Head shall monitor the conduct and treatment of prisoners or staff who reported the sexual misconduct to see if there are changes that may suggest possible retaliation by prisoners or staff. He is assigned this duty in writing and has completed the Basic PREA Training and has discussed expectations and strategy with the Compliance Manager. The Naval BRIG has several protection measures, which include, housing changes, transfers and duty reassignments.

The Naval BRIG reports no incidents of retaliation have occurred in the past 12 months. This standard is compliant based upon evidence from staff interviews and review of the following documentation:

- SOP 1040 (PREA SOP)
- Retaliation Monitor Designation Letter
- PREA Compliance Manager Designation Letter
- Retaliation Monitoring Tracker
- Agency-level Review of NC BCH PREA Staffing Plan and Security Review
- Retaliation MFR
- Monitoring MFR

## Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The BRIG reports no cases of involuntary segregation in the past 12 months. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. This information is documented in the prisoner record and CORMIS. The BRIG's counselor confirmed that no one has been placed in involuntary segregation.

The Brig is in compliance with this standard based upon the evidence obtained from staff interviews, and review of the following documentation:

- SOP 1040 (PREA SOP)
- Post-allegation PC MFR

# INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

All allegations of sexual misconduct are referred to NCIS for investigation. NCIS agents have been trained in conducting sexual abuse investigations. Should NCIS decline investigative jurisdiction, NCIS will refer

the case to facility investigators. NCIS Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators and witnesses and review prior complaints and reports of sexual abuse involving the suspected perpetrator according to their protocols. When the quality of evidence appears to support criminal prosecution, NCIS or the BRIG investigators conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not by the person's status as a prisoner or staff. Prisoners who allege sexual misconduct are not required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation.

The PREA Compliance Manager retains all written reports for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. All staff and departments are required to provide the PREA Compliance Manager all documentation for file, archive, and audit. The departure of the alleged abuser or victim from the employment or control of the facility does not provide a basis for terminating an investigation.

When outside agencies, NCIS, OSI, CID, IG, etc. investigate sexual misconduct; the facility cooperates with outside investigators and remains informed about the progress of the investigation.

The Naval Brig is in compliance with this standard based upon evidence obtained from interviews of staff, and review of the following documentation:

- SOP 1040 (PREA SOP), Records Return Schedule
- PREA Incident Response Procedures, DTM 13-002
- NTTP 3-07.2.3, Prisoner PREA Training Acknowledgement
- Investigator NIC Training Cert, Investigation MFR NCIS Investigation results MFR,
- Referral of Charges MFR, Outside Investigators Specialized Training Cert
- Quality of evidence, Admin Investigation Report

## Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

This standard is in compliance. Evidence acquired from staff interviews and review of the following documentation:

- SOP 1040 (PREA SOP)
- Admin Investigation Report

## Standard 115.73: Reporting to inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 requires that any inmate who makes an allegation that he or she suffered sexual abuse in the facility is informed, in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. If an outside entity conducts the investigations, the BRIG requests the relevant information from the investigative entity in order to inform the inmate as to the outcome of the investigation. Following an inmate's allegation that he or she has been sexually abused by another inmate in the facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All notifications to inmates are documented.

During the past (12) months, there has been one case of staff on inmate sexual abuse allegation. This investigation was initiated by NCIS at Naval Consolidated Brig Charleston after the inmate had been transferred from the Naval Brig Chesapeake. The incident was reported to NCIS on February 16, 2018. The incident allegedly occurred on March 9, 2016. Chesapeake Naval Brig investigators and staff provided documentation (statements, rosters, shift report, etc.) to NCIS in support of the investigation. At the conclusion of the investigation, NCIS determined that the complaint was unsubstantiated. The investigation was completed on April 3, 2018. The inmate was notified in person within the same week by the Charleston PREA Compliance Manager.

There was one case of inmate on inmate sexual abuse allegation during the past twelve months. The alleged victim reported this allegation on January 22, 2018. NCIS was notified and declined to investigate. Naval Brig investigators conducted an administrative investigation. The incident was deemed to be unfounded based on video footage, statements from other inmates and staff, and notebooks from each inmate reflecting an ongoing consensual relationship. Investigation revealed that the complaint emerged when the two inmates were caught in the act by staff. Upon completion of the investigation, the alleged victim was notified that the case was deemed unfounded on January 28, 2018. They were both

charged and found guilty of sexual misconduct on January 25, 2018. This standard is in compliance based upon interviews of inmates, staff and review of the below documentation:

- SOP 1040 (PREA)
- CO's Notification of Investigation Status Reports
- CO's Notification of Investigation Status (staff member)

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SOP 1040 states that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months, no staff members have violated agency sexual abuse or sexual harassment policies: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, no staff members have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, no staff members have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

The Naval is in standard with this standard based upon evidence obtained from interviews of staff and from review of the following documentation:

- SOP 1040 (PREA) 115.76(a), (b), (c), (d)
- Standards of Conduct Form 115.76
- MFR Disciplinary Sanctions 115.76 (a)
- MFR Termination for Violations 115.76 (b), (d)
- Standards of Conduct signed 115.76
- No Termination or Resignation MFR 115.76 (d)

## Standard 115.77: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  
 No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  
 No

#### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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SOP 1040 requires that any volunteer, contractor, or intern who engages in sexual abuse shall be prohibited from contact with prisoners and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing or endorsement bodies (e.g., nursing board, education board or institutions, credentialing organization, or religious endorsing agencies, etc.) For cases involving violations of sexual abuse or sexual harassment policies by a volunteer, contractor or intern, appropriate remedial measures are taken including prohibition of further contact with prisoners and reporting, as appropriate, the violation is reported to the volunteer or intern's host organization. The PREA Compliance Manager maintains copies of all remedial measures documentation for file, archive and audit purposes.

In the past 12 months, there have been no contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. The Brig is in compliance with this standard based upon evidence obtained in staff interviews, and review of the following documentation:

- SOP 1040 (PREA)
- Volunteer/Contractor/Intern PREA Training Acknowledgement
- SOP 310 Standards of Conduct
- MFR No Incidents of V/C/I on Prisoner Abuse

## Standard 115.78: Disciplinary sanctions for inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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SOP 1040/501 imposes disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on- inmate sexual abuse. Prisoners that have mental disabilities or a mental illness, which may have contributed to his or her behavior as documented by medical or mental health practitioners, the disciplinary board will take these factors into consideration when determining what type of action, if any, should be imposed. This information shall be documented on the DD Form 2714, Disciplinary Report, by the Disciplinary Board Chair. The facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse. (e.g., sex offender education or treatment, violent offender education and treatment, individual counseling, etc.)

The BRIG disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Disciplinary action is not imposed for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The BRIG prohibits all sexual activity between

inmates and disciplines inmates for such activity; the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

The BRIG reports no occurrences of inmate on inmate, staff on inmate or inmate on staff sexual abuse or harassment during the past (12) months. This standard is in compliance based upon evidence obtained from staff interviews and review of the following documentation;

- SOP 1040 (PREA SOP)
  - BUPERSINST 1640.22
  - Clinical Assessment
  - NAVCONBRIGINST 1640.1H Prisoner Handbook
  - SOP 501 Discipline
  - 115.78 No Mental Disorder DR's MFR
  - 115.78 (e) No Cases MFR
  - 115.78 (f) MFR No Disciplinary Action for Reports
- Made in Good Faith
- Retaliation monitoring sample report

## MEDICAL AND MENTAL CARE

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

## 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

All inmates at this jail who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner within 14 days of their intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with required services. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. If the sexual abuse did not occur in a confinement facility, the BRIG requires that the inmate sign an informed consent before reporting.

The BRIG does not house youthful offenders. A Memorandum for Record states that in the rare occurrence a youthful offender is received; they will follow the standards for youthful offenders. In the past (12) months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. During that same time period, 100% of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. The Brig is in compliance with this standard based upon evidence obtained from staff interviews and review of the following documentation:

- SOP 1040 (PREA SOP), MH Treatment (Past Victimization)
- Informed Consent MFR, C&A Board/DCS
- Youthful Offender MFR, Informed Consent (Abusiveness)
- Intake Screening Form (Past Victimization), MH Treatment (Past Abusiveness)
- MH Treatment (Past Victimization), Intake Screening Form (Past Abusiveness)
- Informed Consent (Victimization)

## Standard 115.82: Access to emergency medical and mental health services

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

## 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

#### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SOP 1040 requires that prisoner victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders immediately notify the Command Duty Officer who immediately notifies Emergency Medical Services for evaluation and transport. The Command Duty Officer will notify the SAPR, NCIS, Commanding Officer, Clinical Services Director or on-call medical or mental health representative.

Victims of sexual abuse are offered information about and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser(s) or cooperates with any investigation arising out of the incident.

The Naval Brig is in compliance of this standard based upon evidence acquired from interviews of medical and mental health staff and review of the following documentation:

- SOP 1040 (PREA)
- 32 CFR 199.16 (Free Medical Treatment)
- Staff Training PREA Acknowledgements
- NIC Training Certificates Responding to Sexual Abuse
- NIC Training Certificates Mental Health Care for Sexual Assault Victims
- NIC Training Certificates Behavior Health Care for Sexual Assault Victims

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### **115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### **115.83 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### **115.83 (h)**

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The health authority offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lock-up or juvenile facility.

The evaluation and treatment of victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Victims are provided medical and mental health services consistent with the community level of care. Inmate victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Any allegation from a female inmate involving vaginal penetration by a penis is offered a pregnancy test.

If pregnancy results from the conduct, victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Victims of sexual abuse while incarcerated at the BRIG are offered tests for sexually transmitted infections as medically appropriate.

Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Clinical Services conducts a mental health evaluation of all known prisoner-on-prisoner abusers within sixty (60) days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

The BRIG reports no occurrences of inmates requiring services related to this standard. This standard is in compliance based upon interviews of mental health staff and review of the following documents:

- SOP 1040 (PREA SOP)
- 32 CFR 199.16 Supplemental Health Care Program
- Intake Screening Form (Past Victimization)
- MH Treatment (Past Victimization)
- Intake Screening Form (Past Abuse)

- MH Treatment (Past Abuse)
- Prisoner Handbook
- Community Level of Care MFR

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for

improvement and submit such report to the facility head and PREA compliance manager?

Yes  No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Per SOP1040 (115.86), A PREA Review Board shall convene within (30) days of the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. Investigation is concluded when a substantiated, unsubstantiated or unfounded determination is made by the facility CO. The PREA Incident Review Team includes the Executive Officer, Technical Director and the Department Heads, and allows for input from line supervisors, investigators, and medical or mental health practitioners. The standard requires that the report be submitted to the PREA Compliance Manager and the facility head (CO). The Compliance Manager and the facility head (CO) should not be a part of the incident review team. The Brig shall implement the recommendations for improvement, or shall document its reasons for not doing so in the PREA Annual Report. All staff will provide any and all documents to the PREA Compliance Manager for file, archive, and audit.

The PREA Incident Review Board met on May 3, 2018 to discuss an allegation of staff on inmate sexual abuse, which was reported on February 18, 2018. The investigation was conducted by NCIS and found the charge unsubstantiated on April 3, 2018. The following areas were discussed: a.) Need to change policy or practice (No changes to policy or practice were necessary; Compliance with existing policy and practice was key in being able to disprove the allegation; b.) Was incident motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, intersex, or gender nonconforming identification status, or perceived status, or gang affiliation, or motivated or caused by group dynamics at Naval Consolidated Brig Chesapeake.( None of the aforementioned causes were identified or alleged.); c.) The area of the facility where the incident allegedly occurred was assessed to identify whether any physical barriers may enable abuse. (No physical barriers were identified.) ; d.) Staffing levels in that area were assessed and deemed appropriate; e.) Monitoring

technology was assessed and the possibility of audio only recording was discussed; f.) The costs of implementing audio only recording is being researched. Video recording in this area of frequent nudity was strictly prohibited by Navy Corrections Headquarters. The infrastructure for the capability still exists.

I find the facility in compliance with this standard based upon evidence obtained from interviews of staff, and review of the following documentation:

- SOP 1040 (PREA SOP)
- Incident Reviews
- 2014 Annual PREA Review of Physical Plant, Manning and Security Procedures- Security Camera
- 2015 Annual PREA Review of Physical Plant, Manning and Security

## Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The BRIG collects accurate, uniform data for every allegation of sexual misconduct using a standardized instrument and set of definitions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The Technical Director and PREA Compliance Manager aggregate the incident-based sexual abuse data and forward the results to the NAVPERSCOM (PERS-00D) PREA Coordinator annually. The incident-based data collected includes the data necessary to answer all questions from the most recent version of the SSV. The PREA Compliance Manager maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Compliance Manager provides all such data from the previous calendar year to NAVPERSCOM (PERS-00D) by 15 March, who will forward the data to the Department of Justice as required.

The NAVCONBRIG does not contract with private facilities for the confinement of prisoners. This facility is in compliance with this standard. Evidence were obtained from interview of staff and review of the following documents:

- SOP 1040 (PREA SOP)
- SSV-4 2018
- PERS Webpage
- PERS-00D PREA Guidance Letter #1
- Army Corrections Command PREA Webpage
- Army Corrections Command Annual PREA Report,2017
- Camp Lejeune Brig Final Audit Report 2017
- 115.87 (e)-USMCP SL Corrections PREA Webpage
- Navy Request of Services concerning PREA
- Contracted Confinement Facility PREA Report

## Standard 115.88: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The PREA Compliance Manager reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including: Identifying problem areas, taking corrective action on an ongoing basis and preparing an Annual PREA Report of its findings and corrective actions and forwarding the report to PERS-00D for correlation as an agency. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the facility's progress in addressing sexual abuse and sexual misconduct.

The PREA Annual Report is forwarded to NAVPERSCOM (PERS-00D) for consolidation. The report is published on the website. The facility defers to NAVPERSCOM (PERS-00D) regarding redaction of specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility. The reports indicate the nature of the material redacted. The Naval Brig is in compliance of this standard. Evidence is obtained from the interview of staff and review of the following documents:

- SOP 1040 (PREA SOP)
- PERS-00D Website
- PREA Annual Report
- MFR PERS-00D Redacted Information

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  
 No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The PREA Compliance Manager ensures that data collected (§115.89) is securely retained. All aggregated sexual abuse data is forwarded to NAVPERSCOM (PERS- 00D) for consolidation in order to make it readily available to the public annually through its website. Before submitting aggregated sexual abuse data to NAVPERSCOM (PERS- 00D), all personal identifiers are removed.

The PREA Compliance Manager maintains sexual abuse data (to include, incident reports, investigative reports, offender information, case disposition, and evaluation finding) collected for at least 10 years after the date of the initial collection unless legally required otherwise. All staff and departments forward any and all PREA related documentation and sexual abuse data to the PREA Compliance Manager for file, archive and audit. This standard is in compliance. Interviews of staff and review of the following documents support compliance.

- SOP 1040 (PREA SOP)
- PERS Website
- PERS Annual Report
- MFR PERS – Secure Retention/Retention of Records

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The audit team received excellent cooperation from the Naval Brig staff and inmates. All requests for documents were provided in a timely manner.

**Standard 115.403: Audit contents and findings**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies, that there has never been a Final Audit Report issued.)
- Yes  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

A review of the Agency website shows previous PREA Reports. The website is informative and helpful to anyone seeking information on PREA.

## 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.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Alton Baskerville

May 28, 2019

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.