



**DEPARTMENT OF THE NAVY**  
NAVAL CONSOLIDATED BRIG MIRAMAR DETACHMENT PEARL HARBOR  
2056 WASP BOULEVARD  
PEARL HARBOR, HI 96860

IN REPLY REFER TO  
1640  
Ser 00/001  
14 Jan 16

From: Officer in Charge, Naval Consolidated Brig Miramar,  
Detachment Pearl Harbor  
To: Commander, Navy Personnel Command (PERS-00D)  
Via: Commander, Naval Consolidated Brig Miramar

Subj: PRISON RAPE ELIMINATION ACT (PREA) ANNUAL REPORT  
AND SECURITY STAFFING PLAN REVIEW FOR CY15

Ref: (a) 28 CFR 115 (PREA National Standards)  
(b) CNPC ltr 1640 Ser OOD/001 of 2 Jan 14 (Annual Report)  
(c) CNPC ltr 1640 Ser 00D/016 of 16 Jan 14 (Staffing Review)  
(d) CNPC ltr 1640 Ser 00D/048 of 20 Mar 14 (Guidance Letter)  
(e) NCBMDET PH SOP 1003 (PREA Compliance)

Encl: (1) NCBMDETPH 2015 Annual Report (BJS Forms SSV-4, Survey of  
Sexual Violence, 2014)

1. Per references (a) through (e), enclosure (1) is submitted. Naval Consolidated Brig Miramar Detachment Pearl Harbor (NCBMDETPH) reports (enclosure (1)) no cases of sexual abuse or harassment. There are no cases of sexual abuse or harassment under investigation at this time.

2. The Prison Rape Elimination Act (PREA) requires each confinement facility to 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 prisoners against sexual abuse. In January 2015, NCBMDETPH conducted a pre-inspection in preparation for our first PREA Audit. In calculating adequate overall staffing as well as security levels and determining the need for video monitoring, the brig reports the following:

a. Generally accepted detention and correctional practices:

(1) The brig successfully received accreditation by the American Correctional Association in 2014 validating generally accepted detention and correctional practices.

(2) The brig received a satisfactory evaluation during the May 2013 Navy Corrections and Programs Operational Inspection.

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- b. Any judicial findings of inadequacy: None.
- c. Any findings of inadequacy from Federal investigative agencies: None.
- d. Any findings of inadequacy from internal or external oversight bodies: None.
- e. All components of the facility's physical plant (including blind spots or areas where staff or prisoners may be isolated):
- (1) The January, pre-inspection examined the facility plant for blind-spots, camera coverage, and adequacy of physical layout sight lines. Recommendations for physical plant improvements included but were not limited to, additional manpower at times when prisoners are in the galley, installation of frosted film, and enhanced staff training.
  - (2) Requests are being made to the agency (PERS-00D) via Naval Consolidated Brig Miramar.
    - (a) Procedures have been implemented requiring an additional staff member being posted in the galley when prisoners are present.
    - (b) Additional training was conducted to ensure there is an acceptable level of professionalism by staff when interacting with prisoners.
- f. The composition of the prisoner population:
- (1) The prisoner population is predominately male and physically separated from most contact with female prisoners.
  - (2) The prisoner population is all military with some history of success within a disciplined environment.
- g. The incidents of sexual harassment: There have been no incidences of sexual harassment between prisoners or by staff. No violent acts have been observed or reported. No allegations of prisoner-on-prisoner sexual abuse has been reported.
3. Point of contact for further information is LSC(AW) Merrick Lambaco, PREA Compliance Manager, (808) 472-0020, [merrick.m.lambaco@navy.mil](mailto:merrick.m.lambaco@navy.mil).

✓/R   
M. B. TINAZ

FORM **SSV-4**  
(5-7-2015)

**SURVEY OF SEXUAL VICTIMIZATION, 2014**  
**Other Correctional Facilities**  
**Summary Form**

U.S. DEPARTMENT OF JUSTICE  
 BUREAU OF JUSTICE STATISTICS  
 AND ACTING AS COLLECTION AGENT  
 U.S. DEPT. OF COMMERCE  
 Economics and Statistics Administration  
 U.S. CENSUS BUREAU

**DATA SUPPLIED BY**

Name		LCDR Marc B. Tinaz		Title		Officer in Charge	
<b>OFFICIAL ADDRESS</b>	Number and street or P.O. Box/Route Number			City	State	ZIP Code	
	2056 Wasp Blvd			Pearl City	HI	96868	
<b>TELEPHONE</b>	Area code	Number	<b>FAX NUMBER</b>	Area Code	Number		
	808	472-0123		808	472-6610		
<b>E-MAIL ADDRESS</b>	marc.tinaz@navy.mil						

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

**What facilities are included in this data collection?**

- **MULTI-JURISDICTIONAL FACILITIES:** Facilities including detention centers, jails, community-based facilities, and other correctional facilities administered by two or more governments (or a board composed of representatives from two or more governments) that are intended for adults but sometimes hold juveniles.
- **PRIVATELY OPERATED FACILITIES:** All privately owned or operated confinement facilities including prisons, jails, detention centers, community-based facilities, and other correctional facilities that are intended for adults but sometimes hold juveniles.
- **FACILITIES OPERATED BY OR FOR:**
  - **THE UNITED STATES MILITARY**
  - **THE BUREAU OF IMMIGRATION AND CUSTOMS ENFORCEMENT**
  - **TRIBAL AUTHORITIES**
  - **THE BUREAU OF INDIAN AFFAIRS**

**What inmates and incidents are included in this data collection?**

Inmates under your custody between January 1, 2015 and December 31, 2015.

- INCLUDE incidents involving inmates under the authority, custody, or care of your confinement or community-based facilities or staff.

**Reporting instructions:**

- Please complete the entire SSV-4 Form.
- If the answer to a question is "not available" or "unknown," write "DK" (do not know) in the space provided.
- If the answer to a question is "not applicable," write "NA" in the space provided.
- Section I: when exact numeric answers are not available, provide estimates and mark (X) the box beside each figure.
- Sections II, III, and IV: if the answer to a question is "none" or "zero," write "0" or mark the box (X) provided.

**Substantiated incidents of sexual violence:**

- Please complete an Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.

**Returning forms:**

- If you need assistance, please call **Greta Clark** at the **U.S. Census Bureau** toll-free at **1-888-369-3613, option 2**, or e-mail **govs.ssv@census.gov**
- **Please return your completed summary and substantiated incident forms by August 14, 2015.**
- **You may complete these forms online (see enclosed instructions). Or if you prefer, you may return these forms by mail or fax.**
- **MAIL TO:** U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000
- **FAX (TOLL FREE) TO: 1-888-262-3974**

**Burden statement**

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

**Section I - GENERAL INFORMATION**

**1. How many persons under the supervision of your facility were—**

**a. CONFINED on December 31, 2015?**

- INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
- INCLUDE persons out to court while under your jurisdiction.
- INCLUDE persons held for other jurisdictions.
- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
- EXCLUDE all persons in non-residential community-based programs run by your facility (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).

	Male		Female	
<b>Inmates on December 31, 2015</b> ..	9	<input type="checkbox"/>	0	<input type="checkbox"/>

**b. ADMITTED to your facility during 2015?**

- INCLUDE new admissions only, i.e., persons officially booked into and housed in your facilities by formal legal document and by the authority of the courts or some other official agency.
- INCLUDE repeat offenders booked on new charges.
- EXCLUDE returns from escape, work release, medical appointments/treatment facilities, and bail or court appearances.

	Male		Female	
<b>New admissions during 2015</b> .....	114	<input type="checkbox"/>	4	<input type="checkbox"/>

**2. Between January 1, 2015, and December 31, 2015, what was the average daily population of your confinement facility?**

- To calculate the average daily population, add the number of persons for each day during the period January 1, 2014, through December 31, 2014, and divide the result by 365.

	Male		Female	
<b>Average daily population</b> .....	8	<input type="checkbox"/>	0	<input type="checkbox"/>

**Section II - INMATE-ON-INMATE SEXUAL VICTIMIZATION**

**DEFINITIONS**

The survey utilizes the definition of "sexual abuse" as provided by 28 C.F.R. §115.6 in the *National Standards to Prevent, Detect, and Respond to Prison Rape* (under the Prison Rape Elimination Act of 2003). For purposes of SSV, sexual abuse is disaggregated into three categories of inmate-on-inmate sexual victimization. These categories are:

**NONCONSENSUAL SEXUAL ACTS**

Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse;

**AND**

- Contact between the penis and the vulva or the penis and the anus including penetration, however slight;

**OR**

- Contact between the mouth and the penis, vulva, or anus;

**OR**

- Penetration of the anal or genital opening of another person however slight, by a hand, finger, object, or other instrument.

**ABUSIVE SEXUAL CONTACT**

Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse;

**AND**

- Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.

- EXCLUDE incidents in which the contact was incidental to a physical altercation.

**SEXUAL HARASSMENT**

Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.

**3. Does your facility record allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS? (See definitions on page 2.)**

01  Yes → **a. Do you record all reported occurrences, or only substantiated ones?**

- 01  All
- 02  Substantiated only

**b. Do you record attempted NONCONSENSUAL SEXUAL ACTS or only completed ones?**

- 01  Both attempted and completed
- 02  Completed only

02  No → Please provide the definition used by your facility for inmate-on-inmate NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 4 and 5.

**4. Between January 1, 2015, and December 31, 2015, how many allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS were reported?**

Number reported .....  None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

**5. Of the allegations reported in Item 4, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)**

**a. Substantiated** .....  None

- The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).

**b. Unsubstantiated** .....  None

- The investigation concluded that evidence was insufficient to determine whether or not the event occurred.

**c. Unfounded** .....  None

- The investigation determined that the event did NOT occur.

**d. Investigation ongoing** .....  None

- Evidence is still being gathered, processed or evaluated, and a final determination has not yet been made.

**e. TOTAL** (Sum of Items 5a through 5d) .....  None

- The total should equal the number reported in Item 4.

**6. Does your facility record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT? (See definitions on page 2.)**

01  Yes → **Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?**

- 01  Yes
- 02  No → Skip to Item 9.

02  No → Please provide an explanation in the space below and then skip to Item 9.

**7. Between January 1, 2015, and December 31, 2015, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported?**

Number reported .....  None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

**8. Of the allegations reported in Item 7, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)**

**a. Substantiated** .....  None

**b. Unsubstantiated** .....  None

**c. Unfounded** .....  None

**d. Investigation ongoing** .....  None

**e. TOTAL** (Sum of Items 8a through 8d) .....  None

- The total should equal the number reported in Item 7.

**9. Does your facility record allegations of inmate-on-inmate SEXUAL HARASSMENT? (See definitions on page 2.)**

- 01  Yes → **Do you record all reported allegations or only substantiated ones?**
- 01  All
- 02  Substantiated only
- 02  No → *Please provide an explanation in the space below and then skip to Section III.*

**10. Between January 1, 2015, and December 31, 2015, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?**

- Number reported .....  None
- If an allegation involved multiple victims or inmate perpetrators, count only once.
  - Exclude any allegations that were reported as consensual.

**11. Of the allegations reported in Item 10, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)**

- a. **Substantiated** .....  None
- b. **Unsubstantiated** .....  None
- c. **Unfounded** .....  None
- d. **Investigation ongoing** . .....  None
- e. **TOTAL** (Sum of Items 11a through 11d) .....  None
- The total should equal the number reported in Item 10.

**Section III - STAFF-ON-INMATE SEXUAL ABUSE**

**DEFINITIONS**

The survey utilizes the definition of "sexual abuse" by a staff member, contractor or volunteer as provided by 28 C.F.R. §115.6 in the *National Standards to Prevent, Detect, and Respond to Prison Rape* (under the Prison Rape Elimination Act of 2003). For purposes of SSV, sexual abuse is disaggregated into two categories of staff-on-inmate sexual abuse. These categories are:

**STAFF SEXUAL MISCONDUCT**

Any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, contractor, official visitor or other agency representative (exclude family, friends or other visitors).

Sexual relationships of a romantic nature between staff and inmates are included in this definition. Consensual or nonconsensual sexual acts include—

- Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks that is unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire;

**OR**

- Completed, attempted, threatened, or requested sexual acts;

**OR**

- Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reason unrelated to official duties or for sexual gratification.

**STAFF SEXUAL HARASSMENT**

Repeated verbal statements, comments or gestures of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include—

- Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing;

**OR**

- Repeated profane or obscene language or gestures.

**12. Does your facility record allegations of STAFF SEXUAL MISCONDUCT?** (See definitions on page 4.)

01  Yes → **Do you record all reported occurrences, or only substantiated ones?**

- 01  All
- 02  Substantiated only

02  No → Please provide an explanation in the space below and then skip to Item 15.

**13. Between January 1, 2015, and December 31, 2015, how many allegations of STAFF SEXUAL MISCONDUCT were reported?**

Number reported .....  None

- If an allegation involved multiple victimizations, count only once.

**14. Of the allegations reported in Item 13, how many were —** (Please contact the agency or office responsible for investigation allegations of sexual victimization in order to fully complete this form.)

a. Substantiated .....  None

b. Unsubstantiated .....  None

c. Unfounded .....  None

d. Investigation ongoing .....  None

e. TOTAL (Sum of Items 14a through 14d) .....  None

- The total should equal the number reported in Item 13.

**15. Does your facility record allegations of STAFF SEXUAL HARASSMENT?** (See definitions on page 4.)

01  Yes → **Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT?**

- 01  Yes
- 02  No → Skip to Item 18.

02  No → Please provide an explanation in the space below and skip to Item 18.

**16. Between January 1, 2015, and December 31, 2015, how many allegations of STAFF SEXUAL HARASSMENT were reported?**

Number reported .....  None

- If an allegation involved multiple victims or staff, count only once.

**17. Of the allegations reported in Item 16, how many were —** (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

a. Substantiated .....  None

b. Unsubstantiated .....  None

c. Unfounded .....  None

d. Investigation ongoing .....  None

e. TOTAL (Sum of Items 17a through 17d) .....  None

- The total should equal the number reported in Item 16.

**Section IV - TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION**

**NOTES**

**18. What is the total number of substantiated incidents reported in Items 5a, 8a, 11a, 14a, and 17a?**

**Total substantiated incidents** .....  None

**→ Please complete an Incident Form (Adult, SSV-1A) for each substantiated incident of sexual victimization.**

Clear Fields

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