

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES



Name of facility:	Southampton Detention Center		
Physical address:	14380 Terrapin Drive, Capron, VA 23829		
Date report submitted:	March 18, 2016		
Auditor Information	Charles J. Kehoe		
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Date of facility visit:	November 17 – 18, 2015		
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:	(434) 658-9861		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input type="checkbox"/> Prison <input checked="" type="checkbox"/> Community Confinement Facility	
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Agency Information			
Name of agency:	Virginia Department of Corrections		
Governing authority			

or parent agency: <i>(if applicable)</i>		
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Agency Chief Executive Officer		
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Agency-Wide PREA Coordinator		
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AUDIT FINDINGS

NARRATIVE:

The PREA Audit of the Southampton Detention Center was conducted on November 17 -18, 2015. The Designated Auditor was Charles J. Kehoe.

The auditor wishes to extend his deepest appreciation to Assistant Superintendent Early Turner and his staff for the professionalism, hospitality, and kindness that was shown to the auditor during the entire audit. Assistant Superintendent Turner is now in-charge of the facility as there is a vacancy in the Superintendent's position.

The auditor also wishes to compliment the DOC PREA Coordinator, Elisabeth Thornton, and the Regional PREA Analysts, Rose Durbin and Lawanda Long, for their outstanding work in organizing the electronic files that were provided to the auditor in advance of the audit. This enabled the audit to move forward very efficiently.

The Virginia Department of Corrections PREA Coordinator, one of the Regional PREA Analysts, and the agency contract manager were interviewed by David Haasenritter (a Certified PREA Auditor and colleague of Mr. Kehoe) and Charles Kehoe on December 16, 2013.

On December 30, 2013, the designated auditor, Charles Kehoe, interviewed the Director of Corrections, Mr. Harold Clarke.

An Entrance Meeting was held at 8:20 a.m. on November 17, 2015. Assistant Superintendent, Early Turner, was joined by the two Regional Analysts, the facility PREA Manager, and three other staff. The auditor thanked everyone for their commitment to PREA and for scheduling this PREA audit. The auditor also thanked the Regional Analysts for the flash drive with the documentation which had been set to the auditor a few weeks prior to the audit. The auditor reviewed the audit schedule and gave the Assistant Superintendent the list of random staff and offenders that he would interview. The Assistant Superintendent then gave an overview of the Southampton Detention Center (SDC) as an introduction to the site review.

Following the Entrance Meeting the site review of the facility began at 8:45 a.m. The auditor was given a very thorough review of the SDC physical plant by the Assistant Superintendent, the PREA Manager and the PREA Regional Analysts. The Notice of the Audit was posted in locations throughout the facility, as was the poster that listed the phone numbers for reporting sexual abuse and sexual harassment and informing offenders how to obtain emotional support if they are sexually victimized. Signage was in English and Spanish.

Following the site review, the auditor began the interviews and reviews of personnel files, training records, residents' files, and other documents. There have been no allegations of sexual abuse or harassment and therefore no investigations to review.

Eleven (11) residents were interviewed. Those interviewed were randomly selected, by the auditor, from a list of all the residents by their housing assignment at SDC. One resident who identified as gay was interviewed. There were no residents who were disabled or who had limited English speaking skills. No residents had reported a sexual abuse during screening or during their confinement at SDC.

Ten correctional officers were interviewed; they were randomly selected by the auditor from both shifts. (Correctional officers work 12-hour shifts.) Fifteen (15) interviews were conducted with 12 employees, (including a volunteer and a contractor) who were identified as specialized staff or staff working in specialized areas. Since the male residents at this facility cannot be contracted out to another public or private facility, the DOC's contract administrator was previously interviewed. The specialized group included the Assistant Superintendent, the PREA Manager, the PREA Investigators(2), medical and mental health staff (2), the staff person who does intake, human resources staff, a volunteer, a contractor, staff who perform screenings for risk of victimization, staff who monitor for retaliation, and an incident review team member. It should be noted that since the SDC is a small facility several of the staff have multiple responsibilities. Thus, some individuals were interviewed more than once if their duties covered more than one specialized area. In total, the auditor conducted 37 interviews. In addition, during the site review, the auditor conducted a phone interview with a representative of the victim advocacy agency that provides emotional support services for offenders in the Department of Corrections who have been sexually abused.

During the site review a few blind spots were identified in the "bucket rooms." The auditor was informed how these are being addressed with supervision and regular checks. Residents can go into the food storage areas and the coolers, but only under staff supervision. Given that this facility is a level I facility, the supervision of the residents appears more than adequate.

The auditor was impressed by what the correctional officers and other staff know about PREA, the zero tolerance policy, offender rights regarding PREA, first response, and evidence collection. PREA reminders are provided during the shift briefings which keep the importance of PREA in front of all the staff.

The auditor randomly selected and examined three (3) personnel files of correctional officers. The personnel files were very organized and contained all the necessary background check information and written documentation that the correctional officers received the required training and understood it. Annual reviews confirmed that employees were asked the PREA related questions. Three residents' files were also randomly selected and had the necessary documentation regarding their intake assessment and 30-day follow-up, their PREA education and the required acknowledgement.

Health care services are provided to the residents by a contracted nurse. During interviews, the residents acknowledged that health care professionals are available. There are no residents in this facility with mental health issues. The Licensed Clinical Psychologist does monitor residents for behavior changes which could indicate the onset of mental health issues.

When the on-site audit was completed, the auditor conducted an exit meeting. The auditor gave an overview of the audit and thanked the Assistant Superintendent and his staff for their hard work and commitment to the Prison Rape Elimination Act. The auditor reported that this was the 25th audit he has performed and this was the first time he found that the facility met all the standards at the close of the on-site audit. The auditor was very impressed with the positive climate of this facility. The programs that are offered to the residents are focused on the residents' successful reintegration into the community. The staff spoke very favorably of the facility, the residents, and the teamwork which is part of the culture of the facility. All the residents interviewed said they felt safe in this facility and that staff treat the residents respectfully. All the residents said there is no sexual abuse or harassment in the Center because

they know it is not tolerated and because most of the residents here will be released soon and will not do anything to prevent their scheduled release.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Southampton Detention Center is located approximately 80 miles Southeast of Richmond, Virginia in Southampton County at 14380 Terrapin Drive, Capron, Virginia. It is one of four correctional facilities that make-up the Deerfield/Southampton Correctional Complex which is located on 2,200 acres in rural Virginia.

The Mission Statement of the SDC states: "Southampton Detention Center is an alternative sentencing program for non-violent offenders that provides intensive rehabilitative training utilizing effective and cost efficient measures through education, instruction, application of discipline, work ethics, programs, instilling pride and changing criminal behaviors in offenders."

In the 1995 Session of the Virginia General Assembly, funding was provided for the development of the Detention Center Incarceration Programs. According to the Virginia Department of Corrections, one driving force behind the legislation was to provide increased levels of supervision and services to non-violent felony probationers in a controlled, structured, residential environment which provides skills and tools to assist them in their return to society as productive, responsible citizens.

The SDC is an all-male program that affords an intensive level of supervision and evidenced-based programs in a highly structured, community environment with some military protocol, twenty-four hours a day, seven days a week. Program participants are called detainees and are required to work daily and complete various educational and treatment programs. Detainees are evaluated for substance abuse dependency and may be required to participate in one of the therapeutic treatment groups. Detainees must be physically able to work and participate in limited organized physical activities, such as marching, military drills, and various forms of physical labor. Detainees must also be emotionally and mentally stable to participate in a structured, discipline style program. There are no age restrictions.

All detainees are assigned to work areas. Their work crews provide labor to various State and community organizations. The work performed by the detainees ranges from basic ground maintenance to building construction and renovations. Some detainees are assigned to work details within the facility's maintenance and food service areas.

Behavioral and educational programs include, but are not limited to, Matrix -Early Recovery Skills, Thinking for Change, GED preparation and testing, ServSafe, religious services, transitional services, and the Re-Entry Program,

The first admission to the facility was on October 2, 1995. SDC receives new admissions every two weeks on scheduled days. SDC transportation officers travel to other facilities to pick up new participants. Detainees are given a suspended sentence and placed on probation subject to completion of the Detention Center program.

The facility consists of four buildings; the administration building, the kitchen/dining hall, the dormitory building and the treatment/education building. The dormitory building is composed of

two housing areas, an "A" side and a "B" side. Each side has three dormitories (1, 2, and 3). Four of the dormitories have 18 beds, one dormitory has 17 beds, and one dormitory has 19 beds for a total capacity of 108. The morning the audit started, the count was 101. There are four segregation cells (only three that are actually used) if a detainee needs restrictive housing. It was reported to the auditor that these cells are seldom used. There is an outdoor activity area where weights and exercise equipment are utilized by detainees.

The facility has 14 cameras with a retention period of 90 days. During the audit the auditor reviewed the videos in a supervisors' area.

Food Service is prepared on site and is under the management of the Deerfield Correctional Center/Southampton Detention Center Food Service Department.

Medical services are provided under a contract with the Virginia Department of Corrections and include "sick call" and emergency medical and dental care. After hours emergency medical care is provided through local hospitals. The main Deerfield facility also has 24-hour nursing care and can respond to medical emergencies at SDC.

The facility is authorized a total of 45 employees, 32 security staff and 13, Non-security staff.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	2
Number of standards met:	36
Number of standards not met:	0
Non-applicable:	1

Prevention Planning

§115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

The Virginia Department of Corrections (DOC) Operating Procedures 038.3 and 130.1 clearly state the Department's zero tolerance of sexual abuse and harassment in any form and outlines the agency's approach to preventing, detecting, and responding to such conduct.

DOC's policies and procedures are well organized and have been continually revised over the last few years as the DOC has developed and implemented PREA guidance and procedures.

Ms. Elisabeth Thornton is the PREA Coordinator. She supervises three regional PREA Analysts; Ms. Lawanda Long is the regional PREA Analyst for the Eastern Region and also serves as the PREA audit coordinator. SDC is in the Eastern Region. Ms. Rose Durbin is the PREA Analyst for the Central Region. The PREA Analyst position for the Western Region was vacant for a short time, but has now been filled. All three regional PREA analysts are active in managing the VA DOC PREA program. The analysts conduct training sessions and meetings to keep facility PREA compliance managers up to date on any changes and best PREA practices. Ms. Long and Ms. Durbin are very knowledgeable about the PREA Standards and process and are actively involved in the full implementation of PREA. Ms. Long is also a Certified PREA Auditor. Ms. Thornton and the three regional analysts said they have enough time to perform their PREA duties.

Wynndolyn Copeland is the Compliance Manager at the SDC. Ms. Copeland is the Senior Probation Officer at SDC. She also monitors for retaliation of detainees and staff and is a member of the Incident Review Team. Ms. Copeland said she has ample time to do her PREA duties because the facility is small and does not have a lot of PREA issues.

§115.212 - Contracting with other entities for the confinement of residents

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

The DOC policies 038.3, 260.1, and 940.1 meet the requirements of the standard. A contract with the GEO group confirms the DOC has implemented the policies at the Lawrenceville Correctional Center. The Agency Contract Administrator was interviewed during an earlier

PREA audit. A PREA Regional Analyst visits the Lawrenceville Correctional Facility on a regular basis and monitors compliance with the PREA standards.

§115.213 – Supervision and monitoring

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

DOC policy 401.2 states that facilities will meet the requirements of this standard. The facility has had no findings of inadequacy from courts, federal agencies, or the Board of Corrections. No sexual abuse or sexual harassment allegations have been made at the SDC. The Superintendent documented deviations to the approved post audit. The currently established and approved staffing level is set at 32 security positions. The facility currently operates under these levels. In January of 2015 Annual Review of the Post Audit (staffing plan), the Superintendent stated, "The Rapid Eye Camera System enhances the overall supervision of the security operation. Additional cameras are needed to monitor the outside recreational area." The Superintendent also documented the annual review with the Superintendent, Assistant Superintendent and the Regional PREA Analyst.

Given that this is a community confinement facility, the custody level of the residents, and the absence of any PREA allegations, the facility appears to have adequate levels of staffing. The SDC's 14 cameras monitor critical areas and provide adequate indoor coverage. As previously stated, cameras covering the outside recreation would provide additional supervision.

Although it is not required under the Community Confinement Standards, intermediate-level and higher level supervisors conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

§115.215 – Limits to cross-gender viewing and searches

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

DOC Operating Procedures 401.1, 401.2, 445.1, 720.2 and 801.1 incorporate all the requirements of the standard.

The auditor observed announcements being made when female staff and the auditor conducted the site review of the facility. The auditor observed numerous entries in the log book where announced rounds had been documented. Interviews with residents and correctional officers confirmed that announcements are always made by female staff when they enter the housing areas.

The staff and residents confirmed that cross-gender searches are not conducted.

§115.216 – Residents with disabilities and residents who are limited English proficient

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

The DOC Operating Procedure 038.3 states the residents with disabilities and residents with limited English speaking ability will be provided with equal opportunity to participate in and benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All PREA resident education, announcements, and reporting instructions are in English and Spanish. The DOC also contracts with Purple Language Services, Co. of Richmond for language interpretation services. Interviews with correctional officers confirmed that resident interpreters would not be used in reporting an allegation of sexual abuse or sexual harassment except in an extreme emergency.

§115.217 – Hiring and promotion decisions

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

The DOC conducts background checks on all SDC employees at least every five years. The auditor interviewed the human resources staff member who confirmed that the DOC conducts the background checks and sends the SDC a spreadsheet that reminds the facility when employees are due for another background check. The auditor reviewed three personnel files and found annual evaluations included documentation that the employees were asked questions regarding any allegations of sexual abuse or harassment at the time they were hired and annually thereafter. DOC Operating Procedures, 041.1, 057.1, 101.1, 101.8, 135.1, 170.1, and 260.1 were reviewed and are consistent with the requirements of the standard.

§115.218 – Upgrades to facilities and technology

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

There have been no major upgrades at this facility in the last several years.

Responsive Planning

§115.221 – Evidence protocol and forensic medical examinations

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

DOC Operating Procedures 030.4, 038.3, 445.2, 720.7, and 730.2 meet the requirements of this standard. PREA investigations which may be criminal in nature are investigated by the DOC Special Investigations Unit which has law enforcement authority. Bon Secours St. Mary's Hospital in Henrico County and the VCU Health Systems both provide SANE/SAFE forensic exams. Forensic exams would be provided at no costs to the offender when requested. No inmate has requested a forensic medical examination during the audit period. The current contract between the DOC and Virginia Sexual and Domestic Violence Action Alliance (Action Alliance) was included in the documentation. Action Alliance provides emotional support to victims of sexual abuse at the SDC. In addition, the DOC trains Virginia DOC staff to be victim advocates. DOC volunteer victim advocates are on call and are not employed by the facility the victim is from. The list of on-call advocates was included in the documentation. No victim advocates have been required to date.

§115.222 – Policies to ensure referrals of allegations for investigations

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

DOC Operating Procedures 030.4 and 038.3, meet the requirements of this standard. PREA investigations which may be criminal in nature are investigated by the DOC Special Investigations Unit which has law enforcement authority. The policy is available on the DOC Website.

Training and Education

§115.231 – Employee training

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

DOC Operating Procedures 160.1 and 350.2 state the PREA training requirements for all DOC employees are consistent with the requirements of the standards. During the interviews with correctional officers and other staff, the employees responded to training questions with

great detail and spoke highly of the PREA training they received. Refresher training and reminders are often provided at roll call. It was clear the staff understood the importance of the PREA training. The auditor reviewed three employee training files and found the documentation of the PREA training they had received, the dates the training was given, and the acknowledgement they received the training and understood it.

§115.232– Volunteer and contractor training

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

The auditor reviewed the DOC Operating Procedures 027.1, 038.3, 160.1, and 350.2 and found they address the specifics of the standard. The auditor interviewed a volunteer, who conducts counseling groups and a contractor who provides health care at the SDC. Both individuals described the training they received and said they understood the material that was presented to them. Documentation was provided that confirmed volunteers and contractors understood the training that was provided to them. Training rosters were also reviewed by the auditor.

§115.233 – Resident education

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

Interviews with randomly selected detainees confirmed that they received the required PREA education, the DOC brochure on PREA, and SDC Program Handbook. The detainees stated they were told about the DOC Zero Tolerance Policy, their right to be free from sexual abuse and sexual harassment, how to report an allegation of sexual abuse or sexual harassment, their right to be free from retaliation for reporting a sexual abuse or sexual harassment, and responding to sexual abuse and sexual harassment. The auditor randomly selected three residents' files and found the acknowledgements that documented the residents received the training. The Center also documented the curriculum, the DOC brochure and the Handbook. During the interviews, the residents spoke highly of the education program they received at the SDC. Operating procedures 810.2, 940.4, and OP 038.3 meet the requirements of the standard. If a detainee had a disability, the SDC would make special provisions to ensure the detainee received the training in a format that could be understood by him. The auditor noticed posters and signs throughout the facility that informed detainees and staff how to report sexual abuse and sexual harassment, the DOC's Zero Tolerance Policy, and who to contact for emotional support if a detainee was a victim of sexual abuse.

§115.234 – Specialized training: Investigations

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

The auditor jointly interviewed a Sergeant and a Lieutenant who are the PREA Investigators at SDC. They confirmed that they had received the PREA investigator training at the Virginia State Police Academy in Richmond February 11-13, 2013. The facility provided the auditor with the written documentation that confirmed their attendance. DOC Operating Procedures 030.4 and 350.2 specify the training requirements for PREA investigators.

§115.235 – Specialized training: Medical and mental health care

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

The nurse and clinical psychologist confirmed that they have received the required training. Documentation was presented to the auditor. DOC Operating Procedures 160.1, 350.2, 701.1 and 720.1 specify that all health care staff receive the basic PREA training and specialized training for medical and mental health care staff. The agency meets the requirements of the standard.

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

DOC Operating Procedures 810.1, 810.2, 861.2 and 940.4 specify that all new residents shall receive an intake screening within 72 hours of admission. The screening covers all the elements in the standard. Provisions are made for admissions that may be scheduled at a time that proceeds a long holiday weekend to ensure the screenings are completed within the 72 hour requirement. Interviews with intake staff and residents confirmed that the screenings are completed within 72 hours of admission. These sections of the DOC procedures also cover the 30-day reassessment. Access to this information and confidentiality are also addressed in the DOC procedures.

The Probation Officers on staff at the SDC are responsible for completing the assessments and the 30-day reviews.

DOC operating procedure 730.2 address reassessments “when warranted” based on a referral, a request, a sexual abuse incident, or receipt of additional information which bears on the detainee’s risk of sexual victimization or abusiveness.

§115.242 – Use of screening information

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

DOC Operating Procedures 038.3, 425.4, 730.2, 810.1, 810.2, 830.5, 841.2 and 940.4 address all the requirements of the standard. The information in the risk screening is used to make informed decisions regarding housing, education, work, and other programming assignments to ensure all residents are safe. The facility provided written documentation regarding screening and housing assignments. As of the date of the audit, there have been no transgender or intersex residents sent to the facility.

§115.251 – Resident reporting

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

DOC Operating Procedures 866.1, 038.3, 038.1, 801.6, and 803.3 are consistent with requirements of the standard. The DOC has informed the residents that there are multiple ways a resident can report a sexual abuse or harassment. Residents can make a report to a staff member, a probation officer, a family member or trusted friend, or the resident can call the PREA Hotline (#55) or call the National Sexual Abuse Hotline. The resident can also ask a family member to complete the PREA Referral form, which is available on the DOC Web site, and email it directly to the Department of Corrections. The PREA brochure gives the phone numbers residents can use to report sexual abuse.

DOC policy states that residents can make reports verbally, in writing, anonymously, and from third parties. The policy requires that staff accept the reports. Interviews with detainees and staff confirmed that this procedure is understood by all the parties.

Interviews with staff confirmed that the staff are very aware that they can make a report of sexual abuse or harassment privately. Staff said that they could call #55 or make a report to the National Sexual Abuse Hotline, or the SIU.

During the audit, the auditor called #55 and spoke with a representative of the agency that provides emotional support. The representative described how he would handle a PREA call from this facility or a request for emotional support.

The DOC's multiple ways of reporting have reassured staff and residents that their allegations will be taken seriously.

§115.252 – Exhaustion of administrative remedies

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

The DOC Operating Procedures 038.3 and 861.1 stipulate the detainee can utilize administrative remedies and file a grievance or complaint to make their PREA allegation known. The procedures state, that if a detainee uses the grievance procedure or emergency grievance procedure to report an allegation of sexual abuse or sexual harassment, as soon as the nature of the grievance is made known to a staff member, it is immediately handled as a PREA allegation and does not follow the time lines in the grievance procedure.

Interviews with residents confirmed that residents are aware of their ability to use the grievance procedure as a means of reporting a PREA allegation.

No resident has used the grievance procedure to make a PREA allegation as of the date of the audit.

§115.253 – Resident access to outside confidential support services

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

DOC Operating Procedure 038.3 describes the agency's responsibility to provide residents with access to outside emotional support services.

The DOC has a current written agreement with Action Alliance which the auditor has reviewed. As previously stated, during the audit the auditor called Action Alliance and confirmed that emotional support services are available to detainees in SDC.

§115.254 – Third-party reporting

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

The Virginia Department of Corrections Web site describes how a "third-party" can make a PREA complaint. The auditor visited the Web site and found the process to be easy to follow. OP 038.3 refers to the DOC Web site for third-party reporting.

Official Responses Following a Resident Report

§115.261 – Staff and agency reporting duties

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

DOC Operating Procedures 030.4, 038.1, 038.3, 720.2, 720.7, 730.2, and 801.6 address the reporting requirements staff are to follow when they are made aware of a PREA allegation. Operating Procedure 038.3 requires that the facility head, or designee, immediately report any sexual abuse to the Virginia Department of Social Services if the alleged victim is under 18 or considered to be a vulnerable adult or is a person who is receiving treatment from a mental health agency.

Operating Procedure 720.2 requires the health care staff and mental health staff to inform the resident of their duty to report all allegations of sexual abuse or harassment to the Superintendent or designee upon learning of the allegation.

All allegations are immediately reported to the facility investigator.

Interviews with randomly selected correctional officers, the nurse, the Licensed Clinical Psychologist, and other designated staff, established that these procedures are well known throughout the SDC.

§115.262 – Agency protection duties

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

Interviews with all staff confirmed that employees are aware of their responsibilities to immediately protect any resident who is at substantial risk of imminent sexual abuse. Operating procedures 038.3, 425.4 and 730.2 specify the reporting requirements.

§115.263 – Reporting to other confinement facilities

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

DOC Operating Procedures 030.4 and 038.3 specify the reporting requirements to follow in the event a resident reports a sexual abuse or harassment that occurred at another facility. The Assistant Superintendent said no residents have reported any allegations of sexual abuse

or harassment in other facilities and no reports of sexual abuse or harassment have been made about SDC.

§115.264 – Staff first responder duties

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

All the correctional officers and other staff the auditor interviewed knew what to do as first responders. It was clear to the auditor that this is a well-trained staff. Operating Procedures 030.4, 038.3, and 075.1 state staff responsibilities as first responders and include all the requirements of the standard.

§115.265 – Coordinated response

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

The SDC has a very detailed Coordinated Response Plan that meets the requirements of the standard. DOC Operating Procedures 038.3 and 075.1 require each facility to have a coordinated response plan. Interviews with correctional officers, health care, and mental health staff confirm that all staff are aware of their specific responsibilities and the responsibilities of their colleagues.

§115.266 – Preservation of ability to protect residents from contact with abusers

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

State employees in the Commonwealth of Virginia do not have collective bargaining rights per the Code of Virginia 40.1-57.2. As a result, there has been no collective bargaining agreement entered into since August 2012.

§115.267 – Agency protection against retaliation

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

DOC Operating Procedures 038.3, 075.5 and 130.1 address the subject of retaliation against a resident, victim, or staff member who reports sexual abuse or sexual harassment. The Senior Probation Officer is the staff member designated to monitor for retaliation. In her role as the PREA Manager she is well positioned for this additional responsibility.

The Assistant Superintendent stated that there have been no threats or reports of retaliation that are PREA related.

Investigations

§115.271 – Criminal and administrative agency investigations

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

DOC Operating Procedures 030.4 and 038.3 address criminal and administrative investigations. The procedures incorporate all of the requirements of the standard.

All the SIU investigators who conduct investigations of sexual abuse and harassment have received the required PREA training. In addition, the two SDC investigators have received the investigator training. The auditor was provided documentation of their training.

There have been no allegations of sexual abuse or sexual harassment at this facility during the reporting period.

§115.272 – Evidentiary standard for administrative investigations

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

DOC Operating Procedures 130.1, 135.1, and 861.1 all state that the DOC will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

§115.273 – Reporting to residents

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

DOC Operating Procedures 030.4 and 038.3 articulate the protocols for reporting the outcomes of PREA investigations to the victim and informing the victim of the current status of the perpetrator. Operating procedural 038.3 was amended on March 9, 2015 to state that "All such notifications or attempted notifications shall be documented and sent to the offender in the same manner as legal mail (See Operating Procedure 803.1, *Offender Correspondence* for legal mail requirements)."

The Assistant Superintendent and the PREA Manager described the procedures for reporting to residents and how this would be documented. The Assistant Superintendent reported that there have been no allegations of sexual abuse or sexual harassment reported during the audit period.

Discipline

§115.276 – Disciplinary sanctions for staff

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

DOC Operating Procedures 130.1 and 135.1 clearly state that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse with a resident. The requirements of this standard are incorporated into the DOC Operating Procedures.

Because there have been no allegations of sexual abuse or sexual harassment reported at SDC, there have been no disciplinary actions against any staff member.

§115.277 – Corrective action for contractors and volunteers

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

The requirements of this standard are incorporated into the DOC Operating Procedures 027.1 and 031.1.

There have been no reports of contractors or volunteers being sexually involved with any SDC residents.

§115.278 – Disciplinary sanctions for residents

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

The requirements of this standard are incorporated into the DOC Operating Procedures 038.3, 820.2, 830.3, and 861.1.

The Assistant Superintendent reported there have been no reports of sexual abuse or harassment during this reporting period and therefore, there have been no disciplinary sanctions taken against detainees.

§115.282 – Access to emergency medical and mental health services

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

DOC Operating Procedures 038.3, 075.1, 720.4, 720.7, and 730.2 describe the health care and mental health protocols that will be followed to ensure residents receive timely, unimpeded access to emergency medical treatment and crisis intervention services, including timely information about and access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The DOC policy states that these services will be provided without financial cost to the victim.

During interviews at the SDC, the nurse and the Licensed Clinical Psychologist confirmed that these procedures have been reviewed with them and with correctional officers who would react as first responders. Bon Secours St. Mary's Hospital and VCU Health Systems are the designated medical facilities where SAFE/SANE forensic exams can be conducted. Action Alliance is the designated agency that will provide emotional support, if requested.

§115.283 – Ongoing medical and mental health care for sexual abuse victims and abusers

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

DOC Operating Procedures 720.4, 720.7, and 730.2 describe the health care and mental health protocols that will be followed to ensure residents who have been sexually abused in any lockup, jail, prison, or juvenile facility are offered medical and mental health evaluation and treatment, as appropriate. The nurse and Licensed Clinical Psychologist confirmed that health care and mental health services will be provided, including appropriate follow-up

services, treatment plans, and referrals to other services/agencies for continued care, when necessary, following the detainees release from custody or transfer to another facility or placement.

The nurse and psychologist reported that the medical and mental health care that would be provided to sexual abuse victims is consistent with or better than the community level of care.

If a resident-on-resident sexual abuse occurred in the SDC, the alleged abuser would very likely be removed from the program. However, if a transfer did not happen, the facility would conduct a mental health evaluation within 60 days of learning of such abuse and offer treatment when deemed appropriate.

Data Collection and Review

§115.286 – Sexual abuse incident reviews

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

DOC Operating Procedures 038.1 and 038.3 define the process that will be followed by the Sexual Abuse Incident Review Team. These procedures meet the requirements of the standard. The Superintendent, Assistant Superintendent/Major, the PREA Manager, and the nurse constitute the Incident Review Team. Additional staff could participate, if needed.

The Assistant Superintendent stated there have been no allegations of sexual abuse or sexual harassment during the reporting period.

§115.287 – Data Collection

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

The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control and has used a standardized instrument since 2008. The system is continuously improving. The system also allows the agency to submit the annual DOJ Survey of Sexual Violence in a timely fashion. The data is also used by the agency to monitor trends and take corrective action as quickly as possible. The DOC Annual PREA Report and the Survey of Sexual Violence from the DOC were documented and reviewed by the auditor.

Operating Procedure 038.3 describes the requirements that the DOC follows for data collection.

§115.288 – Data Review for corrective action

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

The DOC reviews the data collected from its facilities to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. An annual report with comparisons from previous years and corrective actions is published, signed by the Director, and posted on the VA DOC website. DOC Operating Procedure 038.3 meets the requirements of this standard.

§115.89 – Data storage, publication, and destruction

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

The DOC Operating Procedures 038.3 defines data retention and secure storage protocols for the DOC. The DOC publishes an annual report that makes all aggregated sexual abuse data readily available to the public through its Web site. Record and data retention procedures are consistent with the standard.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review. Southampton Detention Center, Capron, Virginia meets the requirements of the Prison Rape Elimination Act, Community Confinement Standards.



Auditor Signature

March 18, 2016

Date