

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** 09/05/17

<b>Auditor Information</b>			
<b>Auditor name:</b> Paul Perry			
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<b>Telephone number:</b> 540-760-6201			
<b>Date of facility visit:</b> August 2-4, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Virginia Beach Correctional Center			
<b>Facility physical address:</b> 2501 James Madison Blvd., Virginia Beach, VA 23456			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> 757-385-2346			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Honorable Kenneth Stolle			
<b>Number of staff assigned to the facility in the last 12 months:</b> 551			
<b>Designed facility capacity:</b> 800			
<b>Current population of facility:</b> 1381			
<b>Facility security levels/inmate custody levels:</b> Minimum, Medium, Maximum			
<b>Age range of the population:</b> 16- 74			
<b>Name of PREA Compliance Manager:</b> Nicholas Curtis		<b>Title:</b> Lieutenant	
<b>Email address:</b> ncurtis@vbso.net		<b>Telephone number:</b> 757-385-7975	
<b>Agency Information</b>			
<b>Name of agency:</b> Virginia Beach Sheriff's Office			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 2501 James Madison Blvd., Virginia Beach, VA 23456			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 757-385-3908			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Honorable Kenneth W. Stolle		<b>Title:</b> Sheriff	
<b>Email address:</b> kstolle@vbso.net		<b>Telephone number:</b> 757-385-4073	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Erin Crean		<b>Title:</b> Director of Emergency Planning and Accreditation	
<b>Email address:</b> ecrean@vbso.net		<b>Telephone number:</b> 757-385-2346	

## AUDIT FINDINGS

### NARRATIVE

The Virginia Beach Sheriff's Office entered into contract with Perry PREA Auditing, LLC. on June 27, 2017 to conduct the Prison Rape Elimination Act audit of the Virginia Beach Correctional Center. The purpose of the audit was to determine the Virginia Beach Correctional Center's level of compliance with the Prison Rape Elimination Act standards. The Auditor is a U.S. Department of Justice Certified PREA Auditor for adult facilities.

The Auditor sent a notice by email to the agency's PREA Coordinator on June 27, 2017. The notice contained information how inmates were able to contact the Auditor prior to arriving on site. The inmate population was informed their communications would be confidential to the Auditor's address included on the notice. The notice required an agency representative's name and date when posting the notice in facility areas. While touring the facility the Auditor observed all notices which were posted on June 27, 2017 in all inmate living units.

The Auditor received 7 confidential correspondences from inmates. One inmate complained about high prices in the commissary, 1 stated his issue is not related to sexual misconduct, 1 was related to a negative comment by a staff member, 1 complained a staff member saw him naked in his cell, 1 complained about the way his pat search was conducted and 2 were duplicate letters from an inmate who complained about staff comments. The Auditor conducted an interview with each inmate who wrote a letter describing a sexually related complaint. Four of the letters received were from indigent inmates. The facility did not screen the outgoing letters sent to the Auditor from the inmates.

The agency's PREA Coordinator sent the Pre-Audit Questionnaire to the Auditor by certified mail. The Pre-Audit Questionnaire was received two weeks prior to arriving on site. Once received, the Auditor immediately began a pre-audit review of the material. The Pre-Audit Questionnaire was password protected on a "thumb drive" and included; but was not limited to: policies, procedures, organizational charts, forms, training material, educational material, floor plans, staffing plan, population reports, investigative reports, mission statement, and statistics. The Pre-Audit Questionnaire was 24 pages while the "thumb drive" included an electronic folder for each PREA standard with all necessary supporting documentation. The Auditor reviewed all material and prepared a list of questions to be asked after arriving on site.

Prior to arriving on site the Auditor contacted the YWCA who provides victim advocacy for Virginia Beach Sheriff's Office inmate victims of sexual abuse. The Auditor conducted a telephone interview with the victim advocate to gain an understanding of the level of services provided to inmate victims of sexual abuse. The Auditor contacted the Sexual Assault Nurse Examiner with the Chesapeake Forensic Specialists, LLC. who provides forensic services to inmate victims of sexual abuse. The telephone interview assisted the Auditor in determining the level and scope of practice during the forensic evidence collection process.

The Auditor conducted a review of the Virginia Beach Sheriff's Office website ([www.VBSO.net](http://www.VBSO.net)). All Prison Rape Elimination Act information posted on the agency's website was reviewed. The Auditor observed the facility's previous PREA audit final report and annual PREA report. The website maintained a statement about prison rape and included a "click here" option for the public to learn more on reporting sexual abuse or sexual harassment. The Auditor accessed the page which included an avenue to file a sexual abuse or sexual harassment allegation. The Auditor tested the filing mechanism and received a response from an agency representative within seconds.

The Auditor was provided a private key to an office in the Administration area to conduct a comprehensive review of supporting documents and interview staff. The on-site portion of the audit began on August 2, 2017. The Auditor began with a meeting with the following personnel:

Honorable Sheriff Kenneth Stolle  
Undersheriff Bruce Benson  
Chief Deputy Victoria Thomson  
PREA Compliance Manager Nick Curtis – Operations Lieutenant (A Team)  
PREA Coordinator Erin Crean  
Operations Lieutenant (B Team) Jane Harvey  
Operations Lieutenant (C Team) Lois Thompson  
Operations Lieutenant (D Team) Rick Norris

The Auditor informed staff he is familiar with the Virginia Beach Correctional Center's operations from the last PREA audit. Staff were informed the Auditor will spend more time with inmates and staff during this audit as a review of policy and procedures has already take place. The Auditor informed he will ask for random documents and spend time in areas to review random documentation. The group was informed a flexible schedule would be maintained to minimize disruptions to operations. The Auditor was welcomed by members of the group and offered a tour of the facility.

The Auditor participated in a complete tour of the facility including, all administrative and support areas. The Auditor was not denied access to any area of the facility. Staff accompanying the Auditor during the tour allowed the Auditor space to speak to inmates privately.

The Auditor was escorted to a separate building maintained by the Virginia Beach Sheriff's Office. The building is utilized as the facility's work force center. The facility maintains an underground tunnel to an adjacent court building. The Auditor walked the underground tunnel and toured the Virginia Beach court building to observe holding cells.

While touring the facility the Auditor observed for blind spots, staff supervision levels, posted PREA material, and observed camera placements in the facility. Observations were made of staff conducting security rounds and making opposite gender announcements. Restroom and shower areas were observed for allowance of privacy to the inmate population. Post logs were reviewed on site. The Auditor conducted 8 informal interviews with inmates and 9 informal interviews with staff during the tour.

The Auditor attended a shift briefing and visited with both day and night shifts during the audit. Supportive documentation was provided for the Auditor's review in PREA folders. Supportive documentation included, but was not limited to, policy and procedures, staffing plan, diagrams, handbooks, training records, employee records, medical records, classification records, investigative files, disciplinary records and logbooks. The Auditor requested additional records to assist with the compliance level determination.

Formal interviews were conducted with 21 staff members and 16 inmates. Staff interviews included the following positions: command staff, line, programs, medical and mental health professionals, human resources, volunteers, contractors, investigators, intake and classification, incident review team member, retaliation monitor, civilian, first responders and PREA Coordinator and Compliance Manager. The Auditor was provided a private office to interview staff.

Formal interviews with inmates included a youthful inmate, 4 inmates who corresponded with the Auditor prior to arrival, 1 who identifies as transgender, 2 who submitted a prior sexual harassment allegation, 2 prior victims of sexual abuse, and 6 randomly chosen inmates. One randomly chosen inmate did not speak English. The Auditor utilized a facility interpreter during the interview. Of the inmates chosen, 3 suffered from mental illness. Interviews with the inmate population took place in attorney visiting rooms, empty living unit dayroom, Chaplain's Office and multi purpose room. No inmate refused to speak to the Auditor.

The Auditor introduced himself to each inmate and explained how he/she was chosen for an interview. All inmates were informed of confidentiality limitations and they did not have to answer any questions they did not wish to answer. The Auditor requested permission from each inmate prior to the interview. Each inmate was fully cooperative with the Auditor.

The Auditor conducted a review of PREA files supplied by the Virginia Beach Sheriff's Office throughout the 2 ½ day audit period. Flexibility was maintained so staff and inmates could be interviewed as scheduling allowed. The Auditor formally interviewed staff on each day and formally interviewed inmates on the last 2 days of the audit. While reviewing PREA files the Auditor additionally requested 4 investigative files, 15 personnel files, 20 inmate central record files, and 15 medical records. The PREA Coordinator, PREA Compliance Manager, investigative staff, records staff, Human Resource Manager and Health Service Administrator were cooperative in supplying the requested records.

The Auditor conducted an exit meeting with the following staff:

Honorable Sheriff Kenneth Stolle  
Undersheriff Bruce Benson  
Chief Deputy Victoria Thomson  
Chief Deputy Brian Struzzieri  
Captain Tina Mapes  
PREA Compliance Manager Lieutenant Nick Curtis  
Lieutenant Jane Harvey  
Lieutenant Lois Thompson  
PREA Coordinator Erin Crean

The Auditor praised the Sheriff and his staff for their dedication and hardwork in preparation for the PREA audit. The Sheriff was thanked for his hospitality and informed his staff did an outstanding job. The Auditor informed the group their efforts towards PREA compliance are evident. The group was informed one inmate told the Auditor the Virginia Beach Correctional Center is "the safest jail in Virginia." The audit was a pleasant experience as staff and inmates were friendly and cooperative. The Auditor found the facility to be well run and staff and inmates to be well educated on the facility's prevention, detection and response efforts. The Auditor asked each inmate in both formal and informal interviews if they felt safe in the facility; all responded "yes."

The Virginia Beach Sheriff's Office gives staff support and tools necessary to complete its mission in preventing, detecting and responding to incidents of sexual abuse and sexual harassment. The Auditor found the facility to have a well established zero tolerance culture towards sexual abuse and sexual harassment. Executive staff at the Virginia Beach Sheriff's Office are proactive towards compliance with the Prison Rape Elimination Act.

## DESCRIPTION OF FACILITY CHARACTERISTICS

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

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

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

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

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

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

The facility maintains a large master control center with numerous secondary enclosed control centers within the facility. The master control center is manned 24/7 with a minimum of 3 staff. Cameras within the facility are monitored by the control center staff. There are 553 cameras which monitor hallways, outside areas, indoor and outdoor recreation yards, kitchen areas, special purpose cells, dayrooms, underground tunnel, court holding areas, booking, medical, visitation and investigation rooms. The Virginia Beach Sheriff’s Office recently upgraded its video recording capabilities to digital recording. This upgrade included replacing coaxial cable with fiber optic cable and installing digital video recorders. This replacement allows a much better picture and video recording to improve the facility’s PREA efforts. The Virginia Beach Sheriff’s Office will be adding additional cameras in the future.

There are 52 video visitation booths for public use. Inmates in living units have access to video visitation booths adjacent to living units. Visits with attorneys occur in attorney panels located adjacent to inmate living units. Attorneys and inmates are separated with a lexan divider during the visit.

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

Facility maintenance is managed by Virginia Beach Sheriff’s Office employees. The maintenance section maintains 13 staff. Inmates are

not authorized access to maintenance areas and do not participate in maintenance functions. Two emergency generators are maintained in the event the facility experiences a power outage. The facility recently upgraded one of its generators with a larger unit provided through the Federal Emergency Management Agency (FEMA) Pre-Disaster Mitigation Grant Program. The Virginia Beach Correctional Center maintains a backup refrigerator for the area's Virginia Department of Health in the event the VDH experiences a power outage. The backup refrigerator provides an area for the Virginia Department of Health to store vaccines and other temperature sensitive emergency response items.

At the time of the audit the age ratio of the facility ranged from 16 to 74. The average length of stay at the time of the audit was 23.11 days for male inmates and 13.61 days for female inmates. At the time of the audit there were 1381 inmates confined in the facility, 1183 males and 198 females. The Auditor calculated the racial demographics of the Virginia Beach Correctional facility utilizing a roster provided by the PREA Compliance Manager.

The racial demographics were as follows:

African	9
African American	675
Caucasian	696
Unknown	1
Total	1381

The age demographics of the facility were as follows:

Age	White Male	White Female	AA Male	AAFemale	African Male	African Female	UM	UF	Total
-18	1	0	2	0	0	0	0	0	3
18-20	17	7	49	0	0	0	0	1	74
21-29	152	31	207	23	2	0	0	0	415
30-39	196	59	177	18	3	0	0	0	453
40-49	108	16	94	15	1	0	0	0	234
50-59	71	17	70	7	2	1	0	0	168
60-69	15	3	11	0	0	0	0	0	29
70+	3	0	2	0	0	0	0	0	5
Total	563	133	612	63	8	1	0	1	1381

Age Range	Percentile
Under 18	.2%
18-20	5.4%
21-29	30%
30-39	32.8%
40-49	17%
50-59	12.2%
60-69	2.1%
70-79	.3%

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

Twenty four hour comprehensive medical services are available to the inmate population provided by NAPHCare, Inc. The medical isolation area has 4 negative pressure cells for any inmate who may have an airborne contagious disease such as tuberculosis. Cameras are located in multiple medical cells which are utilized for inmates in need of constant observation, i.e. suicide watch. There are 2 infirmary beds, offices utilized by medical and mental health staff, exam/treatment room, medical records storage and a secure pharmacy. Private areas are available for medical and mental health staff to meet with inmates. Telepsychiatry services are conducted in the medical area. Forensic examinations are conducted in the medical area by a Sexual Assault Nurse Examiner with the Chesapeake Forensic Specialists, LLC. The medical department consists of 79 medical, mental health and dental personnel. Showers in the medical area have a shower curtain. A security staff member is maintained in the medical area.

The facility manages its own commissary and contracts food services with CBM Managed Services. Approximately 20 inmates work in the kitchen area with 2 to 3 CBM employees on a daily basis. Cameras are located within the kitchen area but not in refrigerators, freezers and storage areas. Staff maintain keys to these areas and supervise inmates when retrieving food items or stocking shelving in the area.



## SUMMARY OF AUDIT FINDINGS

The Auditor found the Virginia Beach Sheriff's Office is committed to compliance with the Prison Rape Elimination Act standards. The facility has incorporated nearly all elements of the PREA standards into its policies and procedures. Facility leadership have ensured a zero tolerance culture towards sexual abuse and sexual harassment continues through the ever changing inmate population and lower level staff. Command staff are committed to ensure compliance with standards as staff continually receive training, inmates are educated, policy and procedures are revised and updated and new methods of compliance are developed, discussed and evaluated.

The Auditor discovered staff are appropriately trained in their responsibilities towards prevention, detection and response towards sexual abuse and sexual harassment. The inmate population has been well educated regarding the facilities zero tolerance policy and how to report allegations of sexual abuse and sexual harassment. The inmate population understand and feel confident the facility appropriate handles reported allegations and responds to the needs of victims. Inmates reported to the Auditor they feel safe in the facility. This adds to the Auditor's determination the staffing level is appropriate, inmates are confident in staff abilities, and the facility has met the goal of creating a zero tolerance culture towards sexual abuse and sexual harassment.

This is the Auditor's second audit of the Virginia Beach Correctional Center. During this audit few recommendations were made to the facility. The Auditor referred the PREA Coordinator to a valuable free specific training offered to medical and mental health personnel. A recommendation was made to have each member of the Incident Review Team sign the report submitted after an incident review. The Auditor made a recommendation that investigative reports include the investigator's signature when submitted. Currently the Investigator types the report and submits without his/her signature.

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

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

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

### Auditor Discussion:

The facility's Prison Rape Elimination Act policy mandates a zero tolerance to all forms of sexual abuse, sexual harassment and sexual misconduct. The policy covers prevention, detection, reporting and responses to sexual abuse, sexual harassment and sexual misconduct. The Prison Rape elimination Act policy includes sanctions for staff, volunteers and contractors who are found to have violated the Virginia Beach Sheriff's Office policy. The policy includes definitions of voyeurism, sexual misconduct sexual fondling, sexual harassment, carnal knowledge, oral sodomy, rape sexual abuse, sexual battery, sexual assault, sexual assault with an object and sexual fondling.

There is a PREA Coordinator and a PREA Compliance Manager employed by the Virginia Beach Sheriff's Office. The PREA Coordinator is the facility's Accreditation Manager and reports to the Chief Deputy of Administration. The PREA Coordinator can report directly to the Sheriff for PREA related issues, concerns, ideas, etc. The Virginia Beach Sheriff's Office employs a PREA Compliance Manager. The PREA Compliance Manager reports directly to the PREA Coordinator. The PREA Coordinator and Compliance Manager feel they have sufficient time and authority to develop, implement and oversee the facility's compliance efforts.

### Evidence Relied Upon:

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

### Analysis/Reasoning

The facility's efforts towards maintaining a zero tolerance culture have been successful. During interviews with inmates the Auditor was informed facility staff take PREA issues serious. The inmate population was educated and aware of facility efforts. Inmates informed the Auditor they are immediately informed of the facility's zero tolerance policies during the booking process and watch a video weekly. Staff have received training and are aware of the facility's policies. Staff interviewed by the Auditor know their responsibilities in prevention, detection and response to sexual abuse and sexual harassment.

The Auditor reviewed policy, investigative documents, training records, interviewed staff, interviewed inmates, and made observations to verify compliance with this standard. The Virginia Beach Sheriff's Office has a zero tolerance culture that resonates from the command staff to the line staff. Both the PREA Coordinator and PREA Compliance Manager responded quickly to any recommendations, requests and questions the Auditor made prior to and during the audit. Their responses along with facility policy, practices and documentation prepared for the Auditor helped determine sufficient time and authority to develop, implement and oversee the facility's compliance efforts.

### Conclusion:

All inmates interviewed by the Auditor stated they feel safe in the facility. One informed the Auditor he believed it was the "safest jail in Virginia". The inmates also informed the Auditor the facility reacts toward the slightest report of sexual harassment. Inmates stated PREA is "thrown at them" as they walk through the door. The Auditor asked inmates if they felt confident in staff's ability to respond to issues of sexual abuse and sexual harassment. The inmates answered "yes". The Auditor observed PREA information posted throughout the facility. Staff carry a PREA card attached to their identification card which includes the facility's policies for first responders. The Auditor also observed a PREA quick reference guide located in all staff duty posts. The Virginia Beach Correctional Center meets all the requirements of PREA Standard 115.11.



**Standard 115.12 Contracting with other entities for the confinement of inmates**

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

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

Not Applicable

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

**Standard 115.13 Supervision and monitoring**

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

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

Auditor Discussion:

The Virginia Beach Sheriff’s Office has a policy that requires a staffing plan that complies with the Prison Rape Elimination Act supervision and monitoring standard. The facility’s 2017 staffing plan was reviewed by the Auditor. The staffing plan includes approval of six new sworn positions for fiscal year 2018. The positions are allocated to support the medical and training sections. The plan includes an increase in full time civilian positions by three. Those positions are allocated to Human Resources, Food Service and the Accounting department. The Virginia Beach Sheriff’s Office staffing plan addresses both full and part time, civilian and sworn positions. The facility’s staffing plan is adequate for providing sufficient staffing of the facility.

The staffing plan includes considerations for adjustments, video monitoring systems deployment and any other technology and available resources for compliance. While touring the facility the Auditor observed staff in all areas of the facility. The Auditor requested a copy of video from a specified date and time and observed staff making rounds, interacting with inmates, medical staff delivering medications and staff delivering meals in the area.

Staff at the rank of Lieutenant and above are required to make unannounced rounds throughout the facility to deter sexual abuse and sexual harassment incidents. The upper level staff document their unannounced rounds in post logbooks. The rounds are made on both day and night shifts. The Auditor observed documented rounds in the post logs for the previous 12 month period.

Staff are prohibited by policy of alerting other staff when supervisors are making supervisory rounds through the facility.

Evidence Relied Upon:

Policy 13-11-00 Pg. 8-9

Staffing Plan

Facility Post Logs

Daily Operations Report  
Staff and inmate interviews

Analysis/Reasoning

The Virginia Beach Sheriff's Office staffing plan reviewed by the Auditor includes 445 sworn, 57 civilian and 32 part time personnel. Total allocated positions for the 2017 staffing plan is 534. Based on the current inmate count the staffing plan allows for 1 staff member for every 2.2 inmates. The facility reported no deviations from the staffing plan in the previous 12 month period. The Auditor observed daily deviations recorded on the Daily Operations Reports submitted for the previous 12 month period. Daily deviations observed on the Daily Operations Reports included employee "call outs", leave usage and absences for training.

During the tour the Auditor observed sufficient staff in inmate living areas, food service, medical, booking, commissary, control center and all other areas of the facility. Inmates interviewed by the Auditor informed they see staff making announced and unannounced rounds in facility areas. Staff are required by the Virginia Board of Correction's Minimum Standards for Local Jails and Lockups to make 2 security rounds each hour at irregular intervals. Supervisors informed the Auditor they never inform staff when they intent to conduct a security round. They also informed the rounds are never conducted with any discernable pattern. The Auditor asked supervisors what actions they take if a staff member is caught alerting staff of their security rounds. All supervisors informed they would first speak to the staff member and utilize the formal discipline mechanism if it happens again. Line staff informed the Auditor they were aware of the facility's policy prohibiting them from alerting others of supervisory rounds.

The Auditor observed numerous blind spots throughout the facility. Facility staff address blind spots by making rounds in blind spot areas. The facility is currently upgrading its monitoring technology. The PREA Coordinator informed the Auditor she will be included in the process that selects locations for additional cameras. She informs that PREA compliance is taken into consideration during that process and will be documented.

Conclusion:

The Virginia Beach Sheriff's Office maintains a staffing plan that meets the elements of this standard. The Auditor reviewed an appropriate staffing plan, interviewed staff and inmates, made observations, reviewed shift reports and logs in compliance determination. The Auditor reviewed documentation in which the PREA Coordinator participates in the staffing plan review. The Virginia Beach Sheriff's Office is in compliance with PREA Standard 115.13.

**Standard 115.14 Youthful inmates**

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

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

Auditor Discussion:

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

Evidence Relied Upon:

Policy 13-01-00 Intake and Intake Classification Process pg. 5,8  
Classification Records  
Shift Logs  
Interview with Youthful Inmate  
Interview with Staff

Analysis/Reasoning:

The Auditor toured the living unit where youthful offenders were housed. At the time of the audit there were 3 youthful offenders housed in the living unit. The living unit was located out of sight, sound and physical contact with adult offenders. After being booked into the facility the youthful offenders are brought upstairs to the living unit under direct physical escort. A recreation yard is available for youthful offenders to participate in recreational activities out of sight, sound and physical contact with adult offenders.

The Auditor interviewed one youthful offender. The youthful offender informed the Auditor he does not have physical contact with adult offenders. He further explained they cannot converse or see adult offenders while in the living unit. The Auditor was informed programs are available to the three youthful offenders. The youthful offender informed the Auditor he recently requested participation in programs.

The Auditor reviewed shift logs showing youthful offenders participate in recreation outside of their cells. The Auditor reviewed the classification record of one youthful offender which placed him in restrictive housing. A court order was issued and the youthful offender was transferred to the Virginia Beach Sheriff’s Office with a history of assaultive behavior. The youthful offender was housed in restrictive housing for 7 days. Shift logs reveal staff were informed to keep the inmate from adult contact during his period in restrictive housing. A 7 day review was conducted by classification staff at which time his housing was changed. Staff informed the Auditor all youthful offenders are always maintained out of sight, sound and physical contact with adult offenders.

Conclusion:

The Auditor observed youthful offenders housed out of sight, sound and physical contact with adult offenders. The inmate interviewed by the Auditor confirmed the 3 youthful offenders do not have contact with adult offenders and have opportunities to participate in programs and recreation. The Auditor utilized policy, classification records, shift logs, interviews and observations to determine the Virginia Beach Correctional Center meets the elements of this standard.

**Standard 115.15 Limits to cross-gender viewing and searches**

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

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

Auditor Discussion:

The Virginia Beach Sheriff’s Office maintains a policy which prohibits cross-gender searches of female inmates. The facility’s Inmate Searches policy requires all visual body searches be conducted by a staff member of the same sex as the inmate being searched. Page 1 of the policy requires staff to submit an Incident Report when conducting a cross-gender search of a female inmate and allows for the cross-gender search only in exigent circumstances. The Virginia Beach Sheriff’s Office maintains female security staff on all shifts. The booking area is staffed with both male and female security staff 7 days per week and 24 hours each day.

Policy 12-04-00 stipulates inmates have an opportunity 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. Facility policy prohibits staff from searching a transgender or intersex inmate for the sole purpose of determining gender. Staff are required to converse with the inmate and call medical staff in the event gender cannot be determined.

Evidence Relied Upon:

- 13-11-00 – Prison Rape Elimination Act pg. 10
- 09-08-00 – Inmate Searches pg. 1 - 3
- 12-04-00 – Deputy Entry Into a Security Cell, Cell Block, or Inmate Housing Unit pg. 2
- 13-01-00 – Intake and Intake Classification Process pg. 3

Shift Rosters

Staffing Plan

Training Lesson Plans – Searches

Training Attendance Rosters  
Training Curriculum  
Staff and Inmate Interviews

#### Analysis/Reasoning

The Virginia Beach Sheriff's Office reported no incidents in which a cross-gender visual body search was conducted within the last 12 months. The Auditor reviewed the facility staffing plan which includes sufficient male and female staff on all shifts. The Auditor also viewed shift rosters which revealed both male and female staff working on shift. The Auditor attended a shift briefing and observed male and female staff. During the facility tour the Auditor observed female staff working in female living units. The Auditor interviewed staff and inmates and questioned about cross gender searches. No staff member or inmate had either witnessed or heard of an opposite gender search being conducted. All female inmates interviewed were questioned about access to programming and out of cell opportunities. No female had been denied access to out of cell activities due to a female staff's unavailability to conduct a pat down search. Female inmates informed the Auditor female staff are always available in the female living units.

The facility reported no incident in which the medical contractor conducted a search of an inmate to determine genital status. An interview with medical representatives confirms no inmate had been searched to determine genital status.

During a tour of the facility the Auditor observed shower and bathroom areas in inmate living units and other areas. All showers and restroom areas provide privacy to the inmate utilizing the shower or toilet. The Auditor interviewed both male and female inmates and questioned about privacy in showers and restrooms. All inmates interviewed informed they can utilize the shower and toilet without a staff member of the opposite sex seeing them do so. They stated the only way a staff member could see them would be to walk right up to the shower and look in. No inmate informed the Auditor staff were doing so. All transgender inmates are removed from their living unit and taken to an area that provides privacy where they can shower without other inmates being around them. The Auditor interviewed one transgender inmate who stated "I am taken to a shower outside of my unit".

The Auditor asked each inmate interviewed if they were ever in full naked view of an opposite gender staff member. Each one informed the Auditor they were not. Each was asked if opposite gender staff members announce their presence when entering the living units. The Auditor was informed staff do announce their presence when entering opposite gender living units. The Auditor was informed there are times when staff do not announce their presence. After speaking further with the inmates it was determined these were unannounced security rounds by supervisory staff as required by PREA standard 115.13. The Auditor did observe staff making opposite gender announcements while touring the facility.

The Auditor reviewed the Virginia Beach Sheriff's Office training curriculum, training rosters and lesson plans. Training documents reveal all security staff had received training to conduct cross-gender pat-down searches and searches of transgender inmates. The Auditor interviewed one staff member who is employed at the Virginia Beach Sheriff's Office training academy. The staff member informed all staff are trained on PREA during the academy and the training includes cross-gender pat-down searches and searches of transgender and intersex inmates. The staff member stated that employee in-service training is also conducted at the academy and includes PREA training. Verification was provided to the Auditor which reveals all security staff received a refresher training on the Virginia Beach Sheriff's Office search policies.

The Auditor interviewed security staff of various ranks and job functions. All informed the Auditor they had received training to conduct cross-gender pat-down searches and searches of transgender and intersex inmates. Training lesson plans included how to conduct these searches. Lesson plans included how to communicate with transgender and intersex inmates professionally and respectfully.

#### Conclusion:

The Auditor reviewed the Virginia Beach Sheriff's Office policies, lesson plans, training curriculum, training attendance rosters, shift rosters, staffing plan, made observations, interviewed staff and interviewed inmates to determine the level of compliance with the elements of this standard. After a thorough review the Auditor determined the Virginia Beach Sheriff's Office is compliant with all elements of PREA standard 115.15.

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

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

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

**Auditor Discussion:**

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

**Evidence Relied Upon:**

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

**Analysis/Reasoning:**

The Virginia Beach Sheriff's Office utilizes the Language Group LLC. telephone translation service to translate PREA information to inmates who speak a language the facility cannot provide. The Language Group LLC. provides interpretive services for 212 different languages. The Auditor reviewed invoices from the Language Group LLC. which reveal translations services were provided to inmates.

The Virginia Beach Sheriff's Office maintains a number of staff who speak multiple languages. Utilizing a facility interpreter, the Auditor interviewed one inmate who did not speak English. The Auditor explained the limits of confidentiality to the interpreter who informed the inmate. The inmate was aware of the facility's PREA policies. The inmate was able to answer all of the Auditor's questions and appeared knowledgeable in the facility's efforts toward prevention, detection and response toward sexual abuse and sexual harassment. The interpreter explained staff interpreters are utilized during booking to ensure inmates understand the facilities policies regarding sexual abuse and sexual harassment. When inmates do not speak English an interpreter translates the intial PREA information and the comprehensive education or it is conducted through the language line.

Interviews with staff and inmates reveal the Virginia Beach Sheriff's Office does not utilize inmate interpreters.

The Auditor interviewed several inmates who had been diagnosed with mental disabilities. All were able to explain how to report sexual abuse and sexual harassment, understood the services were free to the inmate population, were aware of the PREA hotline and understood outside support was available. They were aware the facility had a zero tolerance towards sexual abuse and sexual harassment and they had a right to be free of sexual abuse and sexual harassment and retaliation for reporting such incidents.

The facility had no inmates housed at the time of the audit who were deaf or blind. The facility maintains an IPAD that translates PREA information and comprehensive education material to imates who are blind, low vision or who have limited reading skills. The Virginia Beach Sheriff's Office had it's PREA material translated to Braille for blind inmates. The Auditor viewed the facility's PREA video. The comprehensive education video is closed captioned and maintained in English and Spanish versions.

The Classification Officer meets with each inmate entering the facility. When the classifier observes an inmate is in need of an interpreter or other service to ensure he/she benefits from the facility's PREA information the classifier initiates those services.

During a tour of the facility the Auditor observed posted PREA material in English and Spanish. The Auditor observed all written PREA material in English and Spanish.

**Conclusion:**

The Virginia Beach Sheriff's Office has taken reasonable steps to ensure all inmates have meaningful access to all aspects of the Virginia Beach Correctional Center's efforts to prevent, detect, and respond to acts of sexual abuse and sexual harassment. The Auditor reviewed policy, contracts, video, VBCC's PREA information, made observations and interviewed staff and inmates to determine the facility's level of compliance. The Auditor determined the Virginia Beach Sheriff's Office meets the requirements of this standard.

## Standard 115.17 Hiring and promotion decisions

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

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

### Auditor Discussion:

The Virginia Beach Sheriff's Office maintains a policy which prohibits hiring or promoting any person 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, 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 any person who has been civilly or administratively adjudicated to have engaged in sexual abuse or sexual harassment. This policy includes enlisting the services of contractors who may have contact with inmates. Policy states incidents of sexual harassment are considered on an individual basis. Failure to provide, or falsifying information regarding sexual abuse and sexual harassment is grounds for termination as included in the Selection and Appointment policy.

The Selection and appointment policy requires the facility to conduct a criminal background record check and make its best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The Contract Workers policy requires a background records check be conducted prior to enlisting the services of a contractor.

All applicants are asked questions regarding sexual abuse and sexual harassment as listed in PREA Standard 115.17 (a) in employment applications. The Virginia Beach Sheriff's Office performs a criminal background records check on each applicant and potential contractor through the Virginia Criminal Information Network and the National Crime Information Center. The Auditor observed a requirement in the Criminal History and DMV Checks policy to conduct criminal background record checks periodically at least every five years.

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

### Evidence Relied Upon:

Policy 12-09-00 – Contract Workers pg. 1 - 2  
Policy 03-35-00- Selection and Appointment pg. 1 -3  
Policy 03-34-00 – Criminal History and DMV Checks pg. 1  
Policy 03-02-00 – Performance Management and Evaluations pg. 3, 7 & 10  
Policy 03-03-01 – Promotional and Appointment pg. 8  
Policy 02-10-00 – Professional Standards and Accountability pg. 6  
Employment Application  
Employee Files  
Contractor Records  
Staff Interviews

### Analysis/Reasoning:

The Auditor reviewed the documentation provided by the PREA Coordinator and PREA Compliance Manager and requested 10 additional randomly chosen staff personnel files. The Auditor reviewed each file for criminal record checks and questions asked of all applications. The Virginia Beach Sheriff's Office had conducted criminal background record checks on all 10 personnel. The Auditor observed applicants were asked questions regarding previous acts of sexual abuse and sexual harassment. One of the personnel files reviewed by the Auditor was an employee who was recently promoted. A background check was conducted and the employee signed a form acknowledging no previous acts of sexual abuse or sexual harassment. All employees are required to sign this form.

The Auditor reviewed contractor files to ensure they were asked questions regarding previous acts of sexual abuse and sexual harassment. The facility does ask all contractors questions regarding previous acts of sexual abuse and sexual harassment. All contractors are required to sign the form staff sign acknowledging such. The facility had conducted criminal record checks on all contractors prior to enlisting services. The Virginia Beach Sheriff's Office conducted its last criminal records check of current employees in December 2013. The next criminal records check of current employees is due in 2018.

The Auditor verified through applicant paperwork the background investigators assigned to Human Resources are attempting to contact prior institutional employers when receiving an applicant with experience from another institutional employer. The Virginia Beach Sheriff's Office had not received a request from another institutional employer regarding a former Virginia Beach Sheriff's Office employee.

Staff were interviewed regarding the hiring process at the Virginia Beach Sheriff's Office. Human Resource staff informed the Auditor all applicants answer questions regarding previous acts of sexual abuse and sexual harassment prior to selection. The Auditor was informed all staff sign a form regarding previous acts of sexual abuse and sexual harassment. The form notifies staff of an affirmative duty to report such acts.

**Conclusion:**

The Auditor conducted a thorough review of personnel and contractor records to determine compliance with this standard. Interviews were conducted with Human Resource staff and several Virginia Beach Sheriff's Office policy and procedures were reviewed. After these document reviews and interviews the Auditor determined the Virginia Beach Sheriff's Office is attempting to discover previous acts of sexual abuse and sexual harassment. The Auditor determined the facility meets the requirements of this standard.

**Standard 115.18 Upgrades to facilities and technologies**

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff's Office has a policy which requires the facility to consider the effects of design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities.

The Prison Rape Elimination Act policy also mandates the facility to consider how video and electronic monitoring systems may enhance the agency's ability to protect inmates.

**Evidence Relied Upon:**

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

**Analysis/Reasoning:**

The Virginia Beach Sheriff's Office is currently upgrading its video monitoring systems from analog to digital. This upgrade includes running fiber optic cable. The upgrade allows a much clearer video image and improved recording capabilities. The PREA Coordinator informed the Auditor new cameras will be added at a later date in the project.

The Auditor discussed the requirement to consider how video technology may enhance the facility's ability to protect inmates from sexual abuse. The upgraded fiber optic cable enhances the current video monitoring system. The PREA Coordinator is fully aware of the requirements of this standard. The Auditor was informed the PREA Coordinator will be included in the camera placement selection process.

The facility has not designed or acquired any new facility or performed modifications of its existing facility during this audit period.

Conclusion:

The facility has upgraded its video cable from analog to digital which improves the Virginia Beach Sheriff's Office ability to protect inmates from sexual abuse. The Auditor determined through policy review, observation and interview with the PREA Coordinator the facility meets PREA Standard 115.18.

**Standard 115.21 Evidence protocol and forensic medical examinations**

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

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

Auditor Discussion:

The Virginia Beach Sheriff's Office conducts administrative investigations of sexual abuse and sexual harassment. All criminal investigations of sexual abuse and sexual harassment are investigated by the Virginia Beach Police Department. Forensic evidence collection is performed by a Sexual Assault Nurse Examiner with the Chesapeake Forensic Specialists, LLC. in the medical section of the Virginia Beach Correctional Center. All physical evidence is collected by the Virginia Beach Police Department. The Sexual Assault Nurse Examiner follows a uniformed evidence protocol when collecting usable forensic evidence. The facility reported no acts of sexual abuse that required forensic evidence collection in the past 12 months.

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

Evidence Relied Upon:

08-17-00 Criminal Investigations pg. 5  
13-11-00 Prison Rape Elimination Act pg. 17-18  
NaphCare Policy – Managing a Safe and Healthy Environment pg. 1  
MOU – YWCA  
Virginia LGBT Community Resource and Referral Guide  
Interview with Sexual Assault Nurse Examiner  
Interview with Victim Advocate  
Interview with Medical Staff  
Interviews with Inmates  
Email to VBPD

Analysis/Reasoning

The Auditor contacted the Sexual Assault Nurse Examiner by telephone. The Auditor was informed a Sexual Assault Nurse Examiner with the Chesapeake Forensic Specialists, LLC. responds to the Virginia Beach Correctional Center to conduct a forensic examination. She explained the procedure takes place in the medical section of the facility. The Sexual Assault Nurse Examiner allows a victim advocate to accompany the victim if requested. Victim advocacy notification is made to the YWCA by the SANE. Chesapeake Forensic Specialists, LLC. provides 24 hour services to inmate victims of sexual assault. The Auditor read a brochure provided to the Virginia Beach Correctional Center by the Chesapeake Forensic Specialists, LLC. which outlines available services. The SANE informed the Auditor there have been no forensic examinations conducted on a Virginia Beach Sheriff's Office inmate in the last 12 months.

A telephone interview was conducted with a victim advocate from the YWCA. The advocate informed the Auditor there has been no requests for advocacy during the previous 12 month period. She stated the Sexual Assault Nurse Examiner contacts the YWCA to initiate victim services. The Auditor was informed the YWCA advocate will accompany an inmate victim in the medical section of the Virginia Beach Correctional center when requested. She informed the Auditor her agency monitors a PREA hotline number for the Virginia Beach Sheriff's Office. She informed the Auditor she has received 3 allegations over the hotline.

The Auditor conducted interviews with medical staff. Medical services are contracted with NAPH Care, Inc. Medical staff informed the PREA Audit Report



Auditor they do not conduct forensic examinations. A section of the medical area is closed off for a Sexual Assault Nurse Examiner in the event an examiner responds to the Virginia Beach Correctional Center to conduct a forensic examination. Medical staff informed the Auditor there has been no sexual abuse requiring a forensic examination in the last 12 months.

Interviews with inmates reveal a majority are aware of community providers for victim advocacy. Those who were not aware of the YWCA stated they had not read posted or provided material. All inmates interviewed were aware that services related to sexual abuse were free of costs to the inmate population.

The Auditor reviewed an email communication from the PREA Coordinator to the Virginia Beach Police Department's, Special Victims Unit requesting the agency follow a uniformed evidence protocol (as per 115.21 (f)) when conducting sexual abuse investigations. The email was dated May 4, 2017 and responded to by the SVU on May 8, 2017. The Auditor noticed a reiteration from a previous conversation concerning following the protocol from the previous year. The Special Victims Unit representative ensured the PREA Coordinator the Virginia Beach Police Department Sexual Abuse Investigators follow the "VAWA guidelines for SVU cases."

**Conclusion:**

The facility provided supporting documentation which meets all elements of this standard. The Auditor determined compliance with this standard by interviewing the Sexual Assault Nurse Examiner, victim advocate and reviewing provided documentation. The Auditor found the Virginia Beach Sheriff's Office meets the elements of PREA standard 115.21.

**Standard 115.22 Policies to ensure referrals of allegations for investigations**

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff's Office, Prison Rape Elimination Act policy requires an investigation be conducted for all allegations of sexual abuse and sexual harassment. The facility separates investigative responsibilities. The Criminal Investigative Unit conducts inmate-on-inmate investigations while the Professional Standards and Accountability Office investigates allegations against staff. The facility reported 33 allegations during the previous 12 month period. One of the 33 allegations was referred for criminal investigation to the Virginia Beach Police Department.

The Auditor reviewed the Virginia Beach Sheriff's Office website. The website includes notification to the public regarding the Virginia Beach Sheriff's Office policy to refer criminal allegations of sexual abuse and sexual harassment to the Virginia Beach Police Department. The Virginia Beach Police Department has the legal authority to conduct criminal investigations of sexual abuse in the Virginia Beach Correctional Center as the facility is located in the Virginia Beach jurisdiction. The website explains the facility will conduct administrative investigations and outlines the responsibilities of the VBSO and the VBPD during criminal investigations.

**Evidence Relied Upon:**

- Policy 13-11-00 – Prison Rape Elimination Act pg.15
- Policy 08-17-00 – Criminal Investigations pg. 5
- Policy 02-10-00 – Professional Standards and Accountability pg. 2-3
- Virginia Beach Sheriff's Office Website
- Investigative Reports
- Interviews with Investigators
- Interviews with Inmates

**Analysis/Reasoning:**

An interview was conducted with one facility investigator. The investigator informed the Auditor all allegations received are investigated to the fullest extent. The Auditor asked how referrals are made for criminal investigations. The investigator informed either the investigator or

the Criminal Investigative Unit Captain will contact the Virginia Beach Police Department. The facility made one referral for criminal prosecution in the previous 12 months. The Auditor reviewed the investigative tracking mechanism which notates the referral to the Virginia Beach Police Department.

During random interviews with inmates the Auditor learned two of the inmates had made a previous allegation. One allegation was an inmate-on-inmate allegation of sexual harassment while the other was a staff-on-inmate allegation of sexual harassment. The inmate who alleged sexual harassment by another inmate had spoken to a facility investigator and was informed of the investigative results. The inmate who alleged staff sexual harassment had met with a facility investigator. The Auditor learned the investigation was ongoing.

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

**Conclusion:**

The Auditor determined the Virginia Beach Sheriff's Office is referring allegations of sexual abuse and sexual harassment to the Criminal Investigative Unit, Professional Standards and Accountability Office and/or the Virginia Beach Police Department. The Auditor reviewed investigative files, investigative tracking mechanisms, reviewed policy, reviewed the facility website and interviewed staff and inmates. The Auditor found the facility complies with this standard.

**Standard 115.31 Employee training**

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

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

**Auditor Discussion:**

The facility's Prison Rape Elimination Act policy mandates all staff to be trained in the following: zero tolerance policy and procedures; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; inmates' right 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; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

**Evidence Relied Upon:**

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

Training Curriculum

Lesson Plans and PowerPoints

Training Rosters 2015 and 2016

Staff Interviews

**Analysis/Reasoning:**

The Auditor reviewed the facility's training curriculum, lesson plans and PowerPoint presentations. All topics listed above were included in the training documentation reviewed. The training was tailored to both male and female inmates as the Virginia Beach Correctional Center incarcerates male and female inmates. All new employees receive PREA training during their initial training as new employees. The training takes place at the Virginia Beach Sheriff's Office training academy prior to appointment in the Virginia Beach Correctional Center.

The Auditor reviewed training records of all staff employed with the Virginia Beach Sheriff's Office. Employees acknowledge, in writing, understanding of the training received. The Auditor verified all new employees received initial PREA training while current employees received refresher training on the Virginia Beach Sheriff's Office PREA policy and procedures. The Auditor verified all current employees received initial PREA training during the Virginia Beach Sheriff's Office first PREA audit.

The Auditor conducted formal interviews with staff. Each staff member verified receiving PREA training. The staff interviewed by the Auditor were knowledgeable regarding the facility's prevention, detection and response efforts. All staff were able to articulate the training as described above. The facility conducted training for 551 employees.

**Conclusion:**

Through an indepth view of training materials and interviews with staff the Auditor was able to determine compliance with PREA standard 115.31. Facility staff are well educated regarding the Virginia Beach Sheriff's Office PREA policies, procedures and practices. Staff first responders are well aware of their duties.

**Standard 115.32 Volunteer and contractor training**

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff's Office maintains a policy to conduct training for all volunteers and contractors. In addition to receiving the employee training, contractors and vounteers are required to read the Virginia Beach Sheriff's Office policies and procedures related to sexual abuse and sexual harassment.

**Evidence Relied Upon:**

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

**Analysis/Resoning:**

The facility currently has 268 volunteers and contractors who may have contact with inmates. All volunteers and contractors sign an acknowledgement form noting their understanding of the training received. The Auditor viewed volunteer and contractor training records to verify all had received training.

The Auditor interviewed both contract and volunteer personnel. Each notified the Auditor they had received PREA training and were aware of their responsibilities. When asked what they would do if an inmate reported an allegation of sexual abuse or sexual harassment each informed the Auditor they would inform a security staff member. They also informed they woud write an Incident Report. Each was aware of confidentiality of information received.

**Conclusion:**

The auditor verified through interviews and training records all volunteers and contractors receive PREA training regarding their rights and responsibilities. The Auditor found the facility meets the requirements of this standard.

**Standard 115.33 Inmate education**

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff's Office maintains a policy to inform inmates of its zero tolerance policy regarding sexual abuse and sexual harassment and to inform inmates how to report incidents or suspicions of sexual abuse or sexual harassment. The policy requires this information be provided to inmates upon booking. The facility's Prison Rape Elimination Act policy requires a comprehensive education provided within 30 days of booking and mandates information be readily available or visible to the inmate population through posters, Inmate Handbook or other written forms.

Policy requires the Virginia Beach Sheriff's Office personnel to provide education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The Virginia Beach Sheriff's Office operates one facility, therefore is not required to educate inmates prior to transporting to another facility.

During booking process inmates are provided initial PREA information. The initial information is provided in a written Inmate Handbook and included in the Preventing Sexual Abuse and Sexual Harassment Inmate Training sheet. Each inmate signs an Intake Classification Questionnaire and Inmate Advisory Form notating his/her understanding of the information provided. Inmates receive comprehensive education after classified to a living unit. The comprehensive education video plays every Monday at 9:30 a.m. and has closed captioned for the hard of hearing.

The Virginia Beach Sheriff's Office reported 14594 inmates received initial PREA information upon booking during the previous 12 month period. The facility reported 2564 inmates were incarcerated for a period longer than 30 days during the previous 12 month period who received the comprehensive education.

**Evidence Relied Upon:**

Policy 13-11-00 – Prison Rape Elimination Act pg. 12  
Policy 13-01-00 - Intake and Classification Process pg. 4  
Intake Classification Questionnaire and Inmate Advisory Form  
Preventing Sexual Abuse and Sexual Harassment Inmate Training  
Training Curriculum for the Deaf  
Comprehensive Education Video  
Staff Interviews  
Inmate Handbook  
Inmate Interviews  
Observations

**Analysis/Reasoning:**

The Auditor reviewed inmate classification files which revealed inmates had received initial PREA information upon booking. Those same inmates had signed the Intake Classification Questionnaire and Inmate Advisory Form acknowledging comprehensive education and understanding of the education. Each inmate is issued an Inmate Handbook and receives the Preventing Sexual Abuse and Sexual Harassment Inmate Training during the booking process. The Auditor reviewed the initial PREA information, Inmate Handbook and the Preventing Sexual Abuse and Sexual Harassment Inmate Training documents.

The Inmate Handbook includes 3 pages of PREA related information. The information observed by the Auditor includes: zero tolerance statement, information regarding investigations, definitions of sexual abuse, voyeurism, and sexual harassment, opposite gender announcements, how to report sexual abuse and sexual harassment, available confidential support services, and disciplinary sanctions for inmates.

The Preventing Sexual Abuse and Sexual Harassment Inmate Training is 4 pages of information which includes: zero tolerance policy, inmates right to be free from retaliation for reporting sexual abuse and sexual harassment, investigations, definitions of sexual abuse, voyeurism, and sexual harassment, the facility's response to reported incidents, the facility's prevention methods, inmate self protection methods, how to report sexual abuse, sexual harassment and retaliation, and treatment and counseling options.

The facility's comprehensive educational video includes information regarding an inmate's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and the policy and procedures for responding to sexual abuse and sexual harassment incidents. The facility maintains electronic data notating when and on what televisions the educational video was played.

The facility's comprehensive educational video is maintained in English and Spanish versions. The Auditor observed both English and Spanish versions of the Inmate Handbook, Preventing Sexual Abuse and Sexual Harassment Inmate Training and posted material. The Virginia Beach Sheriff's Office conducts PREA education for deaf or hard of hearing inmates on a teletype phone. The comprehensive inmate educational video is also closed captioned for the deaf or hard of hearing. Any inmate who speaks a language the facility cannot provide is provided the PREA education through use of the Language Line Service. Facility staff will also utilize a Virginia Beach Sheriff's Office interpreter to read the information to an inmate. Inmates who are blind or visually impaired can benefit from the facility's PREA information and education on an IPAD played by a staff member. The facility also maintains its PREA information and education in Braille. The classifier makes arrangements to ensure each inmate benefits from the facility's information and education.

The Auditor conducted an interview with classification staff. The classifier on each shift speaks to each inmate individually upon booking. During the meeting the classifier discusses PREA information with the inmate. The inmate is asked if he/she understands the information and is given an opportunity to discuss or ask questions related to the PREA material.

Each inmate interviewed by the Auditor informed they had received PREA information shortly after arriving at the facility. The Auditor questioned each inmate about the facility's zero tolerance policy, available community resources, questions asked during the booking process, how to report incidents of sexual abuse and sexual harassment, and other questions related to the inmate educational process. Each inmate was able to articulate an understanding of the PREA educational material. The Auditor felt the Virginia Beach Sheriff's Office maintained a successful inmate PREA educational program as the Auditor did not have to "probe" for many answers from the inmates. The inmate population was knowledgeable regarding the facility's efforts towards prevention, detection and response to sexual abuse and sexual harassment.

During the facility tour the Auditor observed key information continuously and readily available and visible for the inmate population. Inmates have continuously available information published in their Inmate Handbook. The Auditor observed posters on each duty post informing inmates of the facility's zero tolerance policy and how to report allegations of sexual abuse and sexual harassment. The Auditor also observed this poster in each inmate living area. The inmates are informed of the PREA hotline number and victim advocacy services on the posted material. Inmates interviewed by the Auditor were aware of the posted material.

#### Conclusion:

The Auditor reviewed facility policy, informational and educational material, conducted interviews with staff and inmates and made observations throughout the facility. The Auditor found the facility's information and educational material is sufficient to meet the requirements of this standard. The facility maintains readily available material to the inmate population and has performed successful inmate training. The most influential aspect of determination was the contents of interviews conducted with inmates. Inmates chosen for random interviews with the Auditor are well educated in the facility's approach to prevention, detection and response to sexual abuse and sexual harassment. The Auditor determined the facility is compliant with this standard.

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

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

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

#### Auditor Discussion:

The facility's Professional Standards and Accountability policy requires all investigators assigned to the Professional Standards and Accountability Office receive specialized training to conduct sexual abuse investigations. The Criminal Investigations policy requires investigators assigned to the Criminal Investigations Unit to receive specialized training to conduct sexual abuse investigations. Policy requires the investigators receive training to include techniques for interviewing sexual assault victims, use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Center.

The Virginia Beach Sheriff's Office currently has 14 sexual assault investigators. The Professional Standards and Accountability has 5 investigators while the Criminal Investigative Unit has 9 investigators.

Evidence Relied Upon:

- Policy 13-11-00 –Prison Rape Elimination Act pg. 10-11
- Policy 08-17-00 – Criminal Investigations pg. 8-9
- Policy 02-10-00 – Professional Standards and Accountability pg. 5-6
- Training Records
- Training Curriculum
- Interviews with Investigators

Analysis/Reasoning:

The Auditor reviewed the training files of all 14 investigators. All 14 investigators had completed the National Institute of Corrections, "PREA: Investigation Sexual Abuse in a Confinement Setting" course. The course is offered by the National Institute of Corrections as online learning. The Auditor reviewed the completed certificates of all 14 investigators.

The Auditor reviewed the 111 page training programs offered by the National Institute of Corrections. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiate a case for administrative action or criminal prosecution.

An interview was conducted with a sexual abuse investigator. The investigator informed he did receive specialized training to conduct sexual abuse investigations. He explained the on-line National Institute of Corrections training. The investigator articulated all the training requirements of this standard to the Auditor during the interview. The Auditor asked the investigator to explain the process of conducting a sexual abuse investigation at the Virginia Beach Correctional Center. The Auditor asked the investigator to further explain the investigative reporting requirements. The investigator explained both processes to the Auditor. The Auditor asked the investigator if he had received the general PREA training which all staff receive. He explained he did receive the training. The Auditor verified through training documents all 14 investigators received the training offered to all staff; in addition to the specialized investigative training.

Conclusion:

Verification was made through a review of training documents and curriculum that all investigators had received the general PREA training and specialized investigative training. In addition to the review of training documents, the Auditor determined through an interview with a facility investigator the Virginia Beach Sheriff's Office meets the requirements of PREA standard 115.34.

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

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

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

Auditor Discussion:

The Virginia Beach Sheriff's Office Medical Services policy requires medical and mental health staff receive specialized training in addition to training mandated for all employees. Policy requires the training include how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Evidence Relied Upon:

- Policy 12-12-00 Medical Services pg. 2-3
  - NaphCare policy – Sexual Abuse and Assault
- PREA Audit Report

Training Records  
Training Curriculum  
Interviews with Medical Staff

**Analysis/Reasoning:**

Medical services are contracted with NAPH Care, Inc. The Auditor reviewed training documentation for 51 medical staff. The medical training records included the following positions: Medical Director, Medical Assistant, Registered Nurse, Licensed Practicing Nurse, Licensed Vocational Nurse, Administrative Assistant, Licensed Social Worker, Physician Assistant, Mental Health Practitioner, Medical Technician, Medical Records Clerk, Dentist, Nurse Practitioner, Dental Assistant, Paramedic, Health Services Administrator, and Emergency Medical Technicians. The Auditor verified all 51 medical personnel received the PREA training offered to all employees. The medical and mental health personnel completed on-line training for specialized training. The specialized training medical and mental health staff completed was created by Just Detention International, in conjunction with the PREA Resource Center.

NAPH Care, Inc. employees do not conduct forensic examinations.

The Auditor interviewed NAPH Care, Inc. staff and questioned them regarding training they received. The Auditor was informed a Sexual Assault Nurse Examiner with the Chesapeake Forensic Specialits, LLC. comes to the facility and conducts forensic examinations in the medical section. The NAPH Care, Inc. employees were able to articulate the information they learned during specialized medical training. The Auditor questioned NAPH Care, Inc. staff about topics covered in other PREA trainings. The staff informed the Auditor they received the same PREA training as the Virginia Beach Sheriff's Office employees. They were knowledgeable as to the training requirements of PREA standard 115.31. The Auditor verified through training documents Naph Care, Inc. employees received the same training offered to all employees.

**Conclusion:**

After a review of policies and procedures, training documents, and interviews with NAPH Care, Inc. staff, the Auditor determined the Virginia Beach Sheriff's Office ensures the contract medical and mental health staff receive routine PREA and specialized medical training. The Auditor determined the Virginia Beach Sheriff's Office meets this standard.

**Standard 115.41 Screening for risk of victimization and abusiveness**

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff's Office Intake and Intake Classification Process policy requires staff to assess all inmates for risk of sexual victimization or sexual abusiveness during the booking process. Policy requires this assessment normally occurs within 12 hours of arrival. The Intake and Intake Classification Process Policy requires staff to consider mental, physical, or developmental disabilities, age, physical build, previous incarcerations, exclusive nonviolent criminal history, prior convictions for sex offenses against an adult or child, perceptions of being gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous experiences of sexual victimization, the inmate's own perception of vulnerability, and incarceration solely for civil immigration purposes.

Facility classification staff meet with each inmate after arrival to conduct the assessment. Classification staff utilize an objective screening instrument which also evaluates and scores inmates regarding escape history, current offense, prior convictions, history of assaultive behavior, court status and pending charges, mental health treatment history or needs, medical treatment history or needs, criminal history, prior institutional adjustment, program eligibility, and identified stability factors. The Virginia Beach Sheriff's Office policy prohibits disciplining an inmate who refuses to answer the classification questions. Information obtained from the classification questionnaire "... shall remain need to know in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates."

Policy requires staff to reassess inmates risk of victimization or abusiveness based upon additional, relevant information received by the

facility since the intake screening. The reassessment requirement must be completed within 30 days of the inmates arrival at the Virginia Beach Correctional Center. Policy requires an affirmative duty to reassess 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.

The facility reported no inmate had been disciplined in the past 12 months for refusing to answer the classification questions.

**Evidence Relied Upon:**

- Policy 13-01-00- Intake and Intake Classification Process pg.5-7
- Classification and Intake Documents
- Discipline Records
- Interviews with Intake Personnel
- Interviews with Medical Staff
- Interviews with Inmates

**Analysis/Reasoning:**

The Auditor randomly chose 20 inmate central record files to review. A review was conducted of all 20 classification questionnaires. The Auditor observed documentation showing the classifier considered mental, physical and developmental disabilities; age; physical build; previous incarcerations; exclusive non-violent criminal history; prior convictions for sex offenses; perceptions of gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; previous sexual victimizations; perception of vulnerability; and civil immigration detention. The Auditor also observed documented considerations of prior acts of sexual abuse; violent convictions; and institutional violence or sexual abuse. Each file reviewed by the Auditor included a reassessment which was conducted within 30 days of the inmate's arrival to the facility. The Auditor discovered no inmate (of the 20 selected) who's level of risk of victimization or abusiveness had been changed as a result of the reassessment.

The Auditor interviewed intake and classification staff members. The Auditor asked each to discuss the criteria considered during inmate screenings. The Auditor asked each to explain who the information is provided to and who has access to such information. Each was able to explain the screening process which includes considerations of the above listed information. The classifier stated "probing" questions are asked when inmates answer yes to any of the classification questions. The classifier attempts to gain as much information as possible to assist in classification efforts. The Auditor was informed all inmates are process within 12 hours of arrival. The information from screening is utilized strictly by those with a need to know basis. Staff have access to inmate information on the facility's electronic management system. The facility controls user access to classification screening information with limited rights access.

The Auditor interviewed medical personnel. Medical personnel question inmates upon booking regarding previous sexual victimization. When discovering an inmate had been previously victimized in an institutional setting the medical staff inform security staff as a mandatory reporter. The Auditor was informed medical staff do not report previous victimization to security staff if the abuse occurred in an institutional setting, unless written consent is obtained from the inmate. Medical staff were well aware of their limits of confidentiality and informing only those staff with a need to know.

The Auditor selected random inmates to interview. During interviews the Auditor asked each inmate about the screening process. Inmates informed the Auditor they were asked specific questions during the booking process regarding their criminal history, sexual orientation, previous victimization, etc. The Auditor asked each inmate if any staff member had asked those questions again since the booking process. The Auditor was informed staff had not. No inmate interviewed informed the Auditor they had been disciplined for failing to answer the classification questions.

**Conclusion:**

The Auditor reviewed 20 randomly chosen classification records, interviewed intake, classification and medical staff, and interviewed inmates to assist in compliance determination with this standard. The Auditor determined the Virginia Beach Correctional Center is appropriately screening inmates for risk of sexual victimization and abusiveness and maintaining confidentiality of the information obtained. The Auditor found the facility meets the requirements of PREA standard 115.41.

**Standard 115.42 Use of screening information**

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



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

**Auditor Discussion:**

The Intake and Intake Classification Process policy requires information obtained from the risk screening be used to inform housing, bed, work, education, and program assignments with the goal of keeping inmates at high risk of victimization from those at high risk of abusiveness. Individualized determinations are required to ensure the safety of each inmate. The policy further requires a case-by-case consideration whether to assign a transgender or intersex inmate to a facility for male or female inmates, and when making other housing and programming assignments. The facility must consider whether placement would ensure the inmate’s health and safety, and whether the placement would present a management or security problem.

**Evidence Relied Upon:**

Policy 13-10-00 – Intake and Intake Classification Process pg. 7-9

Inmate Records

Inmate Interviews

Staff Interviews

**Analysis/Reasoning:**

The Auditor reviewed the classification records of 20 inmates. Of the records reviewed, 2 inmates had previously experienced sexual victimization and one reported as being transgender. The facility had no inmate identified at high risk of sexual victimization during the time of the audit. The records reviewed included individualized determinations for housing, bed, work, education and programming. The facility maintains numerous inmate living units within three buildings which include three levels each. Keeping those at risk of sexual victimization separate from those at risk of sexual abusiveness is not a challenge at the Virginia Beach Correctional Center.

The Auditor reviewed the file of one inmate who reported identifying as transgender. The inmate had been in the facility for 4 months at the time of the audit. In reviewing the inmate’s housing assignment history the Auditor observed the inmate had been initially placed in detox (ordered by the nurse) upon arriving at the facility. After 3 days in detox the inmate was moved to 6 different living units during the 4 month period. Upon closer examination the Auditor discovered facility staff moved the inmate’s housing for the following reasons: the inmate submitted a request to be moved to another living unit, the inmate was accused of sexual harassment, and the inmate was accused of stealing another inmate’s commissary. The inmate appears to have multiple allegations regarding making sexual comments to other inmates.

The Auditor observed individualized determinations made by the facility in classification documents. The Auditor further noticed a 30 day housing review was conducted and documented with the inmate. The 30 day housing reviews were conducted each month after the inmate arrived at the facility. A staff member from classification along with another staff member conducted the reviews.

An interview was conducted with the transgender inmate. The Auditor asked the inmate about feeling safe in the facility. The inmate stated “yes.” The Auditor asked if staff ever meets individually with the inmate and the inmate answered “yes.” The inmate informed the Auditor that several inmates had made a “PREA” allegation in an effort to remove the inmate from living units. The inmate was asked about education and programming opportunities available. The Auditor was informed they are available but the inmate has a college degree. The inmate had submitted a request to attend substance abuse. The inmate has not made an allegation against another inmate nor informed the Auditor as being a victim of sexual abuse or sexual harassment. The inmate was not identified as high risk of sexual victimization. The inmate was currently housed in restrictive housing.

The transgender inmate informed the Auditor of opportunities to shower separately from other inmates. All transgender inmates are escorted to a private shower away from other inmates. The Virginia Beach Sheriff’s Office reported 3 transgender inmates housed at the time of the audit. Although staff had met each month with the one transgender inmate, none of the 3 had been incarcerated long enough for facility staff to conduct a twice yearly reassessment of their housing assignments as required by this standard.

The Auditor toured each living unit in the facility. The Virginia Beach Sheriff’s Office does not place gay, lesbian, bisexual, transgender, or intersex inmates in dedicated living units solely on the basis of such identifications or status.

**Conclusion:**

The Virginia Beach Sheriff’s Office is making individualized determinations on each inmate entering the facility. Classification staff are attempting to identify inmates at high risk of sexual victimization and abusiveness to ensure their safety. The facility appropriately houses transgender and intersex inmates. The Auditor was able to confirm the Virginia Beach Sheriff’s Office meets the requirements of this standard by reviewing policy and procedures, classification records, making observations, interviewing staff and interviewing inmates.

**Standard 115.43 Protective custody**

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

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

Auditor Discussion:

The Virginia Beach Sheriff’s Office Intake and Intake Classification Process policy prohibits placing inmates identified at high risk of sexual victimization in involuntary segregation unless all available alternatives have been made with a determination that no available alternative means of separation exist. Policy allows the facility to place a high risk inmate in involuntary segregation for less than 24 hours until an assessment can be conducted. Policy requires documentation when any restrictions to programs, privileges, education, or work opportunities are made. The documentation must include the duration, reasons and opportunities which have been restricted.

The policy limits placing an inmate identified at high risk of sexual victimization involuntarily in segregation until an alternative means of separation from abusers can be arranged. The limitation period shall not exceed 30 days. When the facility places an inmate in involuntary segregation because no alternatives exist, facility staff are required to document the basis for concern for the inmate’s safety and the reason why no alternative means of separation can be arranged. Inmates identified at high risk of victimization must be afforded a review every 30 days to determine whether there is a continuing need for separation from the general population.

Evidence Relied Upon:

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

Analysis/Reasoning:

The facility had no inmate identified at high risk of sexual victimization at the time of the audit. The facility reported no inmate identified at high risk of sexual victimization was placed in involuntary segregation during the previous 12 month period. Due to the vast amount of inmate living units the facility maintains numerous areas to place inmates identified at high risk of victimization to keep them separate from those identified as sexual abusers. A review of housing records did not indicate an inmate identified at high risk of sexual victimization was placed involuntarily in segregation to keep him/her separate from sexual abusers.

Conclusion:

The facility maintains numerous areas to protect inmates identified at high risk of sexual victimization without having to place them in involuntary segregation. The Auditor discovered no evidence of an inmate identified at high risk of sexual victimization being placed in involuntary segregation. The Auditor determined the facility meets the requirements of this standard after a review of policies and procedures, making observations, and a review of housing records was conducted.

**Standard 115.51 Inmate reporting**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

**Auditor Discussion:**

The Prison Rape Elimination Act policy provides for multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by inmates or staff, and staff neglect or violation of responsibilities that may have contributed to such incidents. The various avenues stipulated in the policy include: verbally or writing any sworn or non-sworn staff member, verbally or writing any member of the Virginia Beach Police Department, calling the PREA Hotline, verbally or writing a third-party, submitting an inmate correspondence form, or by submitting a grievance or an emergency grievance.

The Prison Rape Elimination Act policy allows for inmates to make reports of sexual abuse and sexual harassment anonymously. Facility staff are required to accept reports of sexual abuse and sexual harassment verbally, in writing, from third parties and anonymously and are mandated to document the reports promptly on an Incident Report.

The Virginia Beach Sheriff's Office maintains several avenues for staff to privately report sexual abuse and sexual harassment. Policy informs staff can privately report to the Professional Standards Office, Criminal Intelligence Unit or call the PREA Hotline.

**Evidence Relied Upon:**

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

Incident Reports

Inmate Handbook

Preventing Sexual Abuse and Sexual Harassment Inmate Training

Investigative Files

Inmate Interviews

Staff Interviews

**Analysis/Reasoning:**

The Auditor interviewed randomly chosen inmates. Each was asked about the various reporting avenues. All inmates interviewed by the Auditor were able to inform the various reporting avenues. All inmates were aware they could make a report of sexual abuse and sexual harassment without having to give their name. Each inmate informed the Auditor they had one or more staff they felt confident enough to make a verbal report of sexual abuse or sexual harassment to.

The Auditor interviewed inmates who had previously reported an allegation of sexual harassment. Each was reported by verbally informing a staff member with the exception of one. One reported the allegation through the hotline. The inmate who reported the allegation through the hotline had difficulty as the hotline number was not working. After reporting the hotline did not work the PREA Compliance Manager called the YWCA who monitors the hotline. A representative informed the PREA Compliance Manager they had changed the number and failed to notify the Virginia Beach Sheriff's Office. The PREA Compliance Manager notified the telephone vendor who reported to the facility and fixed all inmate telephones to allow continuous dialing to the YWCA facility, even if the number changes.

The Auditor interviewed randomly chosen Virginia Beach Sheriff's Office staff members. Each staff member interviewed informed the Auditor of staff reporting avenues. The Auditor asked a majority of randomly chosen staff what he/she would do if an allegation was made on a high ranking official. The Auditor asked if the staff would feel comfortable reporting the allegation to the Sheriff. The Auditor was informed "yes." The Sheriff maintains an open door policy. Each was asked if they were required to accept verbal and written reports of sexual abuse and sexual harassment and required to document such reports. Each staff member informed the Auditor they were required to do so. The Auditor also asked these questions of non-security staff who were well aware of the responsibility to immediately report and document.

The Auditor reviewed 4 investigative reports of sexual harassment related incidents. Two of the allegations were reported on an inmate correspondence form while the other 2 were made verbally to staff members. The Auditor reviewed the Incident Reports submitted by the two staff members who verbally accepted the allegations. Both immediately notified their supervisor and promptly submitted an Incident Report.

During the facility tour the Auditor observed posters in each inmate living unit informing inmates how to make a report of sexual abuse and sexual harassment. The Auditor also observed reporting avenues in the Preventing Sexual Abuse and Sexual Harassment Inmate Training document and in the Inmate Handbook.

The Virginia Beach Correctional Facility had not housed an inmate detained solely for civil immigration purposes in the last 12 months.

Conclusion:

The Virginia Beach Correctional Center does provide multiple avenues for inmates to report allegations of sexual abuse and sexual harassment. Both staff and inmates are well aware of the facility’s policy regarding reporting allegations of sexual abuse and sexual harassment. The Auditor conducted a thorough review of policies and procedures, Incident Reports, Investigative Files, Inmate Handbook, Preventing Sexual Abuse and Sexual Harassment Training, and conducted staff and inmate interviews. After a comprehensive review the Auditor determined the Virginia Beach Sheriff’s Office meets the requirements of this standard.

**Standard 115.52 Exhaustion of administrative remedies**

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

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

Auditor Discussion:

The Virginia Beach Sheriff’s Office maintains a policy to address inmate grievances alleging sexual abuse. The Inmate Grievance Process policy imposes no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Inmates are not required to exhaust any informal means, or attempt to resolve an alleged incident of sexual abuse with staff. The policy allows an inmate to submit a sexual abuse grievance without submitting it to a staff member who is the subject of complaint. The facility shall not refer such grievance to the staff member who is the subject of complaint.

Facility policy requires a final decision on the merits of any portion of a sexual abuse grievance within 90 days of the initial filing date, including any time spent by the inmate preparing an appeal. The Inmate Grievance Process policy allows for an extension of up to 70 days if the 90 day time period is insufficient to render a final decision. When extensions are claimed the inmate must be notified in writing which must include the date by which time a decision will be made. Any absence of response by the facility may be considered a denial by the inmate.

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

Evidence Relied Upon:

- Policy 13-03-00 – Inmate Grievance Process pg. 5-7
- Inmate Grievance Form
- Discipline Records
- Interviews with Inmates
- Interviews with Staff

Analysis/Reasoning:

The facility reported no inmate had submitted a grievance alleging sexual abuse in the previous 12 months. The Auditor did review a grievance in which an inmate claimed sexual harassment by a staff member. The grievance was investigated and unfounded. The inmate attempted to pursue criminal charges against the staff member. The Virginia Beach Chief Magistrate conducted a probable cause hearing and found no probable cause that a crime was committed. The incident occurred during routine security duties (count) in which an inmate complained because the deputy looked into the shower to verify a “living and breathing” person was in the shower.

Although no inmate had submitted a grievance alleging sexual abuse in the past 12 months, the Virginia Beach Sheriff’s Office response to this grievance alleging sexual harassment was responded to in accordance with the requirements of this standard. The grievance was filed by the inmate on April 14, 2017. The facility issued an initial response on April 18, 2017. The matter was referred to the Magistrate as

requested by the inmate. The Virginia Beach Chief Magistrate informed the facility of his findings on May 2, 2017 and the facility staff issued a final response to the grievance to the inmate on June 1, 2017.

The facility has had no grievances alleging an inmate at risk of imminent sexual abuse in the past 12 months. There were no third party filings of grievances in the past 12 months. The facility reported no inmate disciplined for filing a grievance in bad faith in the past 12 months.

The Auditor asked inmates if they could submit a grievance to report allegations of sexual abuse. All inmates asked by the Auditor were informed they could submit a grievance regarding sexual abuse. All staff interviewed by the Auditor were well aware of the facility's policy to immediately forward emergency grievances to the Watch Commander. The Auditor found no evidence of an inmate being disciplined for filing a grievance alleging sexual abuse in bad faith.

**Conclusion:**

The facility appropriately handles inmate grievances alleging sexual abuse. Inmates are aware they could file grievances alleging sexual abuse. A review of facility policies and procedures, grievances, discipline records, and interviews with staff and inmates assured the Auditor the facility meets the requirements of this standard.

**Standard 115.53 Inmate access to outside confidential support services**

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff's Office maintains a policy which requires inmates be provided access to outside victim advocates for emotional support services related to sexual abuse by providing mailing addresses, telephone numbers, and a hotline number of a national victim advocacy or rape crisis organization. The facility is required by policy to allow reasonable communications between inmates and these agencies, in as confidential a manner possible.

**Evidence Relied Upon:**

Policy 13-11-00 – Prison Rape Elimination Act pg. 14-15  
Community Resource and Referral Guide  
YWCA Brochure  
Memorandum of Understanding with YWCA  
Interview with Victim Advocate  
Inmate Interviews  
Staff Interviews

**Analysis/Reasoning:**

The Virginia Beach Sheriff's Office maintains a Memorandum of Understanding with the YWCA of South Hampton, Virginia. The Memorandum of Understanding states the YWCA agrees to the following: to provide victim advocacy and other appropriate services to inmate victims of sexual abuse; provide victim advocates for 24 hour crisis intervention emergency medical and legal advocacy, and referrals; and will provide counseling at the Virginia Beach Correctional Center. The Memorandum of Understanding explains all services can be accessed through the 24 hour telephone hotline.

The Auditor observed a poster in each inmate living unit which includes the 24 hour hotline number and the address to the YWCA. Inmates are provided a YWCA brochure which includes the services offered, agency address, and hotline telephone number. Telephone calls to the YWCA are not monitored by staff. Any inmate wishing to speak to a YWCA counselor/advocate is taken to the Chaplains office for the phone call. The telephone in the Chaplain's office is not recorded or monitored.

The Auditor interviewed a victim advocate from the YWCA. The advocate discussed the Memorandum of Understanding with the Auditor. She explained the agency will send advocates to counsel inmates at the Virginia Beach Correctional Center when warranted. She explained to date no advocate has been required to counsel an inmate from the Virginia Beach Correctional Center. The Advocate informed the Auditor a victim advocate will meet the Sexual Assault Nurse Examiner at the Virginia Beach Correctional Center to accompany a sexual abuse victim during the forensic medical examination.

The Auditor interviewed random inmates and asked if they were aware of outside emotional support services. Some were aware of the YWCA while others were not. The Auditor asked those who were not aware of the YWCA if they had read the posters or other materials provided by the facility; they informed the Auditor they had not done so. All were aware of the hotline number monitored by the YWCA.

The Memorandum of Understanding with the YWCA requires the Virginia Beach Correctional Center to allow privileged correspondence between inmates and the YWCA.

**Conclusion:**

After a thorough review of policies and procedures, handout information, Memorandum of Understanding, and interviews with inmates and victim advocate the Auditor determined the facility meets the requirements of this standard.

**Standard 115.54 Third-party reporting**

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff’s Office has established a procedure to accept third-party reports of sexual abuse and sexual harassment. The Receiving, Investigating and Disposition of Complaints and Appointee Grievances policy requires the Virginia Beach Sheriff’s Office to accept third-party reports and publicly distribute information on how to report sexual abuse and sexual harassment.

**Evidence Relied Upon:**

Policy 02-04-00 – Receiving, Investigating and Disposition of Complaints and Appointee Grievances pg. 2

Inmate Interviews

Staff Interviews

Citizen Complaint Form

Facility Website

Testing of Third-Party Avenue

**Analysis/Reasoning:**

The Virginia Beach Sheriff’s Office website informs the public how to make a report of sexual abuse and/or sexual harassment. The VBSO website includes a link on it’s homepage that reads; “click here” to learn more on reporting sexual abuse or sexual harassment on behalf of an inmate. After accessing the link a document titled, “Prison Rape Elimination Act” appears. The document includes a telephone number and an email link to make a report of sexual abuse or sexual harassment. Among other items, the document informs the public they can make the report anonymously.

The facility facility maintains information in its lobby to inform the public how to report incidents of sexual abuse and sexual harassment. Citizen Complaint Forms are maintained in the lobby for the public to complete. The public can submit the complaint form anonymously. The Citizen Complaint Form states including a name is “optional”. All third-party reports made through the telephone number are directly made to the Professional Standards and Accountability Office.

Staff and inmates interviewed by the Auditor were aware of third-party reporting avenues. Staff informed they are required to include third-party verbal reports in a written report and immediately report the allegation to their supervisor.

The Auditor sent a test complaint on August 16, 2017 through the third-party reporting link. A response was provided back to the Auditor in less than one minute. The Captain of Professional Standards and Accountability Office responded to the test complaint. The Auditor also received a response from the PREA Compliance Manager and 3 other staff from the Professional Standards Office. The link for third-party reporting is sent to multiple staff in the Professional Standards Office and the PREA Compliance Manager in the event several staff are not in the office. The facility reported 11 third-party reports were filed in the previous 12 months.

**Conclusion:**

The Virginia Beach Sheriff's Office provides a means for third-party reports of sexual abuse and sexual harassment to be reported and to be accepted by staff. The Auditor reviewed the facility's policy and procedure, website, conducted staff and inmate interviews, and reviewed the citizen complaint form to determine the facility meets the requirements of this standard.

**Standard 115.61 Staff and agency reporting duties**

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff's Office Prison Rape Elimination Act policy requires staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a confinement facility, even if the abuse occurred at another confinement facility. The policy requires staff to immediately report knowledge of retaliation against inmates or staff and any staff neglect or violation that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. Staff are prohibited from informing anyone other than to the extent necessary to make treatment, investigative and other security and management decisions.

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

All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports must be reported to a facility sexual abuse investigator as stipulated in the Prison Rape Elimination Act policy.

**Evidence Relied Upon:**

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

Investigative Reports

Incident Reports

Interviews with Staff

Interviews with inmates

**Analysis/Reasoning:**

The Auditor interviewed randomly chosen staff. Each staff was asked if they were required to report any knowledge, suspicion or information regarding sexual abuse and sexual harassment. Each staff member answered "yes." The staff members explained to the Auditor they were required to immediately report the information and promptly submit an Incident Report. The Auditor asked about third-party and anonymous reports. The staff were aware they are required to accept third-party and anonymous reports. All staff interviewed were aware of the Virginia Beach Sheriff's Office's requirement to report acts of retaliation and staff neglect or violations of responsibilities which could have contributed to acts of sexual abuse or sexual harassment.

The Auditor interviewed inmates who have reported sexual harassment allegations. Each informed the Auditor they did speak to a facility investigator. One informed the Auditor an investigator had not yet spoken to him. After the interview the Auditor verified the allegation was recent and an investigation had begun and was ongoing. One inmate informed the Auditor he believed he was being retaliated against because the staff member had not been removed from the living unit. The Auditor asked if the staff member has made any comments or

actions toward the inmate after the incident which led to the complaint. The inmate stated “no, but he is still working in the unit.” The inmate did not describe any comments or actions by the staff member which could be construed as retaliation. The inmate appeared to be attempting to have the staff member removed from his living unit. Each inmate randomly interviewed were aware they did not have to give their name when making a report of sexual abuse or sexual harassment.

While reviewing 4 investigative files the Auditor observed 2 cases in which a staff member received a verbal allegation of sexual harassment. Both staff members immediately informed their supervisors and wrote an incident report. Staff interviewed by the Auditor were aware of confidentiality regarding information gained from a sexual abuse or sexual harassment complaint. When asked, staff explained they only speak to their supervisors, medical staff and investigators about the allegation.

Medical staff informed the Auditor they receive signed consent forms from each inmate. The medical staff were fully aware of their duty to report any knowledge, suspicion or information related to sexual abuse, sexual harassment, retaliation, and any staff neglect or violation of responsibilities which may have contributed to such acts to security supervisors. The Auditor reviewed the medical consent forms which include limits of confidentiality. The Auditor asked medical staff what they do when they learn a youthful inmate had been sexually abused. The Auditor was informed they follow mandatory reporting laws.

All allegations of inmate-on-inmate sexual abuse or sexual harassment are reported to the Criminal Investigative Unit. All allegations of staff-on-inmate sexual abuse or sexual harassment are reported to the Professional Standards and Accountability Office. The Auditor tested the third-party reporting avenue on the Virginia Beach Sheriff’s Office website and received a response immediately from the Captain of Professional Standards and Accountability Office.

The PREA Compliance Manager has created a PREA allegation user group. All allegations are reported through email to the user group. The intent of the user group is to ensure allegations are handled appropriately and to inform staff who have a “need to know” to make security and management decisions, conduct treatment, and perform investigations.

**Conclusion:**

The Auditor verified the Virginia Beach Sheriff’s Office staff are informed and are knowledgeable regarding their duty to report knowledge, suspicions or information regarding sexual abuse and sexual harassment, including any incidents of retaliation, staff neglect or violation of responsibilities which may have contributed to an incident or retaliation. The Auditor reviewed facility policy and procedure, investigative reports, interviewed staff and inmates to determine the facility meets the requirements of this standard.

**Standard 115.62 Agency protection duties**

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff’s Office maintains a policy which requires staff to take immediate steps to ensure the safety of an inmate who is identified at substantial risk of imminent sexual abuse.

**Evidence Relied Upon:**

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

Classification Documents

Observations

Staff Interviews

**Analysis/Reasoning:**

The Virginia Beach Sheriff’s Office reported no inmate was determined at substantial risk of imminent sexual abuse in the previous 12 months. The Virginia Beach Correctional Center maintains numerous areas to ensure the safety of an inmate who is identified at substantial



risk of imminent sexual abuse. The Auditor found no evidence of an inmate identified at risk of imminent sexual abuse included in any classification records.

The Auditor interviewed both random and specialized staff members. Line staff informed the Auditor they would immediately separate the inmate at risk and inform their supervisor. The Auditor asked each to explain how they would separate the inmate. Each provided an acceptable answer that would ensure the safety of the inmate. Supervisory staff informed the Auditor they would ensure the protection of the inmate at risk. Each stated they would move the inmate to another living unit within the facility and inform an investigator.

**Conclusion:**

The Virginia Beach Correctional Center is a large facility with numerous areas to ensure inmates at substantial risk of imminent sexual abuse are protected. Staff have appropriate authority and understand how to ensure inmates at risk of imminent sexual abuse are to be maintained safely. One inmate informally interviewed by the Auditor informed he thought the Virginia Beach Correctional Center “is the safest jail in Virginia.” The Auditor determined the Virginia Beach Sheriff’s Office meets the requirements of this standard by reviewing policy and procedures, interviewing staff and inmates, and making observations.

**Standard 115.63 Reporting to other confinement facilities**

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

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

**Auditor Discussion:**

The Prison Rape Elimination Act policy requires the Sheriff, PREA Coordinator or PREA Compliance Manager to notify the head of the facility or the appropriate office of the agency where the abuse occurred when Virginia Beach Sheriff’s Office staff receive an allegation that an inmate was sexually abused at another facility. The PREA Coordinator and PREA Compliance Manager have been named designees in the event the Sheriff is not in the office. Policy requires the notification be made as soon as possible, but no later than 72 hours after receiving the allegation. Policy also requires the Sheriff’s Office to request receipt of notification from the other agency.

**Evidence Relied Upon:**

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

**Analysis/Reasoning:**

The Auditor reviewed documentation of an inmate who alleged sexual abuse while confined at an out of state facility. A memorandum explaining the notification was sent to the PREA Compliance Manager. The Virginia Beach Sheriff’s Office received the allegation on February 5, 2017. Notification to the other facility was made on February 7, 2017. The memorandum included the staff member’s name notified at the other facility.

The Auditor reviewed documentation of an inmate who reported an allegation to another facility he was sexually assaulted while housed at the Virginia Beach Correctional Center. The other facility notified the Virginia Beach Correctional Facility on February 22, 2017. The inmate claimed the incident took place on February 9, 2017. The inmate did report the allegation to the Virginia Beach Sheriff’s Office and an investigation started on February 10, 2017 by the Criminal Investigations Unit. The case was reported to the Virginia Beach Police Department on February 13, 2017. The other facility was notified of these actions.

**Conclusion:**

The Auditor reviewed policy and procedures and documents which reveal the Virginia Beach Sheriff’s Office meets the requirements of PREA standard 115.63.

## Standard 115.64 Staff first responder duties

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

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

### Auditor Discussion:

The Virginia Beach Sheriff's Office Prison Rape Elimination policy informs security and non-security staff actions to take in the event they are the first responder to an incident of sexual abuse. The policy requires staff first responders to separate the alleged victim and abuser, preserve and protect the crime scene until steps can be taken to collect evidence and to request the victim (and ensure the abuser) not take steps that would destroy physical evidence. These steps include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Policy requires civilian staff, volunteers and contractors to request the victim not take actions to destroy evidence and immediately notify a security staff member.

The Virginia Beach Correctional Facility reported there were no incidents which required staff to separate a victim, preserve a crime scene, or required collection of evidence in the previous 12 month period.

### Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 16-17  
NaphCare Policy – Sexual Abuse and Assault  
Interviews with Staff  
Interviews with Inmates  
Interviews with Contractors  
Interviews with Volunteers  
Observation

### Analysis/Reasoning:

The Auditor interviewed security staff members who have the potential to be first responders to an incident of sexual abuse. The Auditor asked each to explain the steps they take if they were the first person to learn a sexual abuse had occurred. Each security staff member stated they would separate the victim from the abuser and immediately notify their supervisor. The Auditor asked what they would do with the crime scene. Staff informed the Auditor they would ensure it was secured and no person other than an investigator from the Virginia Beach Police Department would be allowed entry. The Auditor asked each what would they do to preserve or protect evidence the victim and abuser may have on their bodies. The staff were able to describe effective means to protect the evidence on the victim and abuser. Staff stated they would ask the victim not to shower, use the restroom, brush their teeth, change clothes, or drink or eat.

The Auditor interviewed security supervisors regarding their role when responding to an incident of sexual abuse. Supervisors informed they would ensure the staff member has preserved the crime scene. They notified they would ensure the victim was escorted to the medical section for medical attention. The Auditor was informed security supervisors would inform a sexual abuse investigator immediately. Supervisory staff stated they would cooperate with the Virginia Beach Police Department while collecting evidence from the crime scene and during the investigation.

The Auditor interviewed civilian staff, volunteers and contractors. Each informed the Auditor they would immediately inform a security staff member. They were able to articulate preserving physical evidence that may be on the victim's body. They informed they would ask the victim not to take actions which could destroy the physical evidence. Medical staff informed the Auditor their first priority is ensuring the victim is appropriately cared for. In the process of caring for the victim they would attempt to preserve physical evidence.

While conducting interviews with staff, several members retrieved a card from their uniform pocket. The card included steps which must be taken after an incident of sexual abuse occurs. These cards are carried by all security, civilian, volunteers and contractors and are tailored to their positions. Each card includes first responder duties. While touring the facility the Auditor observed a PREA response book in each duty station. The response books include first responder duties.

Conclusion:

The Auditor reviewed facility policy and procedures, interviewed security and non-security staff, volunteers and contractors and made observations to determine the facility's level of compliance. All facility staff interviewed by the Auditor were well educated regarding their first responder duties. The Auditor determined the facility meets the elements of this standard.

**Standard 115.65 Coordinated response**

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

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

Auditor Discussion:

The Virginia Beach Sheriff's Office has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The facility's coordinated response plan includes actions taken for security first responders, non security first responders, supervisors, Watch Commander, medical and mental health contractor staff, Sexual Assault Nurse Examiner, investigators, and command staff and executive leadership.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 16-17  
Staff Interviews  
Coordinated Response Plan  
Observations

Analysis/Reasoning:

While touring the facility the Auditor observed the sexual abuse coordinated response plan maintained in all duty posts. The Auditor conducted specialized interviews with staff from each section included in the coordinated response plan. Staff are knowledgeable in their requirements as included in the coordinated response plan.

Conclusion:

The facility staff are knowledgeable on the facility's coordinated response plan. The Auditor reviewed facility policy and procedures, interviewed specialized staff, reviewed the coordinated response plan and made observations to determine the facility meets the requirements of this standard.

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

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff’s Office has not entered into any agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

**Evidence Relied Upon:**

Code of Virginia 40.1 – 57.2

**Analysis/Reasoning:**

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

**Conclusion:**

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

**Standard 115.67 Agency protection against retaliation**

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff’s Office maintains a policy that requires protection of all inmates and staff who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other inmates or staff. The Prison Rape Elimination Act policy designates the Classification and Intel sections as monitors of retaliation.

The policy stipulates multiple protection measures for staff and inmates who fear retaliation for reporting sexual abuse or sexual harassment or for cooperation with investigations. The Virginia Beach Correctional Center employs the following protective measures: housing changes, transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and providing emotional support services for inmates or staff who fear retaliation for reporting or cooperating with investigations of sexual abuse or sexual harassment.

**Evidence Relied Upon:**

- Policy 13-11-00 – Prison Rape Elimination Act pg. 19-20
- Classification Records
- Housing Unit Log
- Investigative File
- Staff Interviews
- Inmate Interviews

**Analysis/Reasoning:**

The Auditor interviewed staff responsible for monitoring retaliation. The Classification and Intel Units are responsible for retaliation monitoring. The Auditor was informed the monitor makes weekly retaliation monitoring rounds throughout the entire facility. The staff member explained the rounds are conducted with two personnel, one from Classification and one from Intel. The Auditor asked if inmates initiated contact. The Auditor was informed the inmate can initiate contact at his/her request but the monitoring team initiates contact as well on a weekly basis every Monday. The staff member was asked to explain what the team looks for when conducting retaliation monitoring. The Auditor was informed the team reviews grievances, Incident Reports, discipline records, inmate correspondences, classification records, staff assignments, makes observations and speaks to the inmate victim.

The staff member was asked to describe what actions the monitoring team takes to ensure the protection of inmate victims. The retaliation monitor informed the Auditor the team will move the victim to another living unit. The team would also recommend a staff member be removed from contact with an inmate victim if needed. The Auditor asked if the team would recommend or refer the victim for emotional support services. The staff member stated "yes." When asked how long the retaliation monitoring occurs the staff member informed at least 90 days or until the threat no longer exists.

The investigative file of one inmate who reported an inmate-on-inmate sexual abuse was reviewed. The inmate was immediately separated from the alleged abuser. The inmate requested to be placed in a single cell after he made the report. The inmate was granted the housing change and was placed in a single cell away from the alleged abuser. The incident was not reported in a time that allowed for forensic evidence collection. The investigator substantiated the inmate's allegation, notified the Virginia Beach Police Department, and the inmate was transferred to another facility.

The Auditor reviewed Housing Unit Logs which include a record of the retaliation monitoring team entering the living unit weekly.

The facility reported no incidents of retaliation against staff or inmates in the previous 12 months. There was no need to monitor retaliation against the one inmate described above as he was transferred to another facility after the allegation.

The Auditor interviewed one inmate who claimed retaliation from a staff member. The allegation was unfounded. During the interview the inmate was not able to describe staff actions which could have been deemed as retaliation. The inmate appeared to have submitted the allegation in an attempt to have the staff member removed from working in that specific area. The Auditor asked the inmate "has the staff member said anything to you;" the inmate stated "no." The Auditor asked "has the staff member made any kind of gestures towards you;" the inmate stated "no."

**Conclusion:**

Staff at the facility regularly monitor for retaliation against inmates and take appropriate measures to ensure their protection. The Auditor reviewed facility policy and procedures, classification records, housing unit logs, investigative file, and interviewed staff and inmates to assist with a compliance determination. The Auditor determined the Virginia Beach Sheriff's Office meets the requirements of this standard.

**Standard 115.68 Post-allegation protective custody**

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

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

**Auditor Discussion:**

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

**Evidence Relied Upon:**

- Policy 13-11-00 – Prison Rape Elimination Act pg. 8-9
- Policy 13-01-00 – Intake and Intake Classification Process pg. 9
- Housing Records
- Inmate Interviews
- Staff Interviews

**Analysis/Reasoning:**

The facility reported no instances where an inmate victim of sexual abuse was placed in involuntary segregation as a means of protection.

There are 82 inmate living units amongst 3 buildings which include 3 floors each. The facility has numerous areas to house an inmate victim for his/her protection without placing the inmate in involuntary segregation. The Auditor observed no record in housing logs to suggest an inmate inmate victim was placed in involuntary segregation.

The Virginia Beach Sheriff's Office maintains a policy which stipulates staff follow the requirements of PREA standard 115.43 in the event an inmate victim is placed in involuntary segregation. Interviews with classification staff reveal they are aware of the requirement to ensure inmate victims placed in involuntary segregation receive access to programs, privileges, education and work opportunities. When asked how often a review is conducted of the victim's status the Auditor was informed within every 30 days. The classification staff member informed the Auditor an initial review is conducted within 24 hours after placement. The Auditor asked how long the victim would be housed in segregation involuntarily. Classification informed until an alternative means exist.

The Auditor conducted interviews with inmates who had reported suffering sexual abuse both in the community and in a confinement facility. None of the inmate victims interviewed stated they were placed involuntarily in segregation.

**Conclusion:**

Though the facility has not placed an inmate victim in involuntary segregation it has a policy (which staff understand) to allow for programs, privileges, education and work opportunities in the event involuntary segregation is utilized for a sexual abuse victim. The Auditor reviewed policy and procedures, housing records, and conducted interviews with staff and inmates and determined the facility meets the requirements of this standard.

**Standard 115.71 Criminal and administrative agency investigations**

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff's Office conducts administrative investigations of sexual abuse and sexual harassment. Policy requires agency investigators to notify the Virginia Beach Police Department when evidence appears to support criminal prosecution. Facility policy requires sexual abuse investigators to conduct investigations promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigators shall gather and preserve direct and circumstantial evidence, including electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving suspected perpetrators. The Virginia Beach Police Department is responsible for collecting physical evidence in the facility.

Policy requires investigators to consult with prosecutors (Virginia Beach Commonwealth's Attorney) before conducting compelled interviews after learning the quality of evidence supports criminal prosecution. The facility's policy requires investigators attempt to determine whether staff actions or failures to act contributed to an act of sexual abuse; and document a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The agency currently employs 14 sexual abuse trained investigators.

**Evidence Relied Upon:**

- Policy 08-17-00 – Criminal Investigations pg. 1, 5-6
- Policy 02-10-00 – Professional Standards and Accountability pg. 3, 4, 6
- Interviews with Investigators
- Investigative Staff Training Records
- Interviews with inmates
- Investigative Files

**Analysis/Reasoning:**

The Auditor conducted an interview with a facility Sexual Assault Investigator. The Auditor questioned the investigator as to training received pursuant to PREA standard 115.34. The investigator articulated the training received to the Auditor. The Auditor verified through training records the training received did meet the requirements of PREA standard 115.34. The Auditor asked the investigator to explain the investigative process. The investigator explained after receiving the allegation he collects information from the Offender Management System from all inmates involved. He reads all associated reports, conducts interviews with the victim, perpetrator and witnesses; both staff and inmates, and reviews electronic monitoring data.

The investigator was asked how long after receiving the allegation does he begin the investigation. He stated he begins it immediately. The Auditor was informed investigations take place on all allegations, even if the person leaves the facility or he doesn't know the name of the victim or perpetrator. The investigator was asked what he did when he realizes the evidence appears to support criminal prosecution. He informed the investigation ceases and the information is reported to the Virginia Beach Police Department. The Auditor asked the investigator to explain how he conducts a credibility assessment on victims, perpetrators and witnesses. The investigator explained he reviews grievances, inmate correspondence forms, disciplinary charges and history, previously supplied information, personnel records and criminal history records. The investigator explained the facility does not require inmates to submit to a polygraph examination to proceed with investigation.

The Auditor randomly chose 4 investigative files. Two of the allegations were reported verbally to a staff member. Two of the allegations were reported in writing. The Auditor also reviewed a third-party report and the investigative file of the only sexual abuse allegation reported by an inmate. The Auditor observed objectivity, direct, circumstantial and testimonial evidence, credibility assessments and facts and findings included in investigative files. The Auditor observed the sexual abuse allegation included a referral to the Virginia Beach Police Department. The investigator informed the Auditor the Virginia Beach Sheriff's Office investigators cooperate with the Virginia Beach Police Department investigators and remain informed throughout the investigative process.

Investigaton files are maintained by the Virginia Beach Sheriff's Office for a minimum of 5 years after the abuser is release or staff member is no longer employed. Investigative files are maintained in locked offices and on computers which are password protected.

The Auditor interviewed inmates who reported allegations of sexual harassment. Each informed the auditor they had spoken to a facility investigator with the exception of one inmate. This was a recent sexual harassment allegation in which the investigation had begun.

The Virginia Beach Sheriff's Office has attempted to enter into a memorandum of Understanding with the Virginia Beach Police Department to conduct criminal investigations. The Auditor observed an email to the VBPD requesting the department to follow the VAWA guidelines. To date a Memorandum of Understanding has not been signed by both agencies.

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

**Conclusion:**

The Virginia Beach Sheriff's Office Sexual Abuse Investigators are conducting appropriate investigations and documentation of such. The Auditor reviewed policy and procedures, investigative files, investigator training records, and interviewed staff and inmates. After a thorough review the Auditor determined the facility meets the requirements of this standard.

**Standard 115.72 Evidentiary standard for administrative investigations**

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff's Office, Rules, Regulations and Discipline policy places no standard higher than a preponderance of evidence to

substantiate an allegation of sexual abuse or sexual harassment.

Evidence Relied Upon:

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

Interviews with Investigators

Investigative Reports

Analysis/Reasoning:

The Auditor interviewed a facility sexual abuse investigator. The Auditor asked the investigator what standard of evidence is required to substantiate a sexual abuse or sexual harassment allegation. The investigator explained the facility's preponderance of evidence policy to the Auditor. The Auditor asked the investigator to explain preponderance. The investigator explained preponderance means 51% is the deciding factor.

The Auditor reviewed facility investigative reports. The Auditor was provided with 2 investigative reports by the facility. The Auditor asked for four additional investigative reports. The reports reviewed by the Auditor reveal facility investigators are using a preponderance as the standard of evidence to substantiate an allegation of sexual abuse or sexual harassment. The investigator reviewed 2 investigative reports which were substantiated.

Conclusion:

The Auditor reviewed facility policy and procedures, interviewed a facility investigator, and reviewed investigative reports. The Auditor determined the facility meets the requirements of this standard.

### Standard 115.73 Reporting to inmates

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

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

Auditor Discussion:

The Virginia Beach Sheriff's Office maintains a policy which requires notification to an inmate who has submitted an allegation of sexual abuse or sexual harassment once the investigation has been concluded. The policy requires facility staff to notify the inmate when the investigative determination is substantiated, unsubstantiated or unfounded.

Policy requires staff to notify an inmate when a staff member is no longer posted within the inmate's living unit; the staff member is no longer employed at the facility; the agency learns the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Policy requires staff to notify an inmate when an inmate abuser has been indicted on a charge related to sexual abuse within the facility; or when the agency learns the abuser has been convicted on a charge related to sexual abuse within the facility. The facility makes notifications to an inmate on a form titled "PREA CASE RESULTS NOTIFICATION." The forms are completed and signed by the investigator and signed by the inmate. Notifications to the inmate are not required if the inmate is released from custody.

Evidence Relied Upon:

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

Policy 08-17-00 – Criminal Investigations pg. 6

Notifications to Inmates

Investigative Records

Interviews with Investigators

Interviews with Inmates



Analysis/Reasoning:

The Auditor reviewed 6 investigative files. All six included copies of notifications made to inmates. All notifications were made at the conclusion of the investigative finding. The facility had no allegations which resulted in a staff member or inmate indictment or conviction in the previous 12 months.

The Auditor interviewed 2 inmates who had made an allegation of sexual harassment. The Auditor asked both inmates if they were informed of the investigative results. Both informed the Auditor they were informed of the results. A facility investigator informed the Auditor notifications are made to the inmates by the investigator. The investigator also informed the Auditor the Virginia Beach Sheriff's Office investigators remain informed throughout a criminal investigation so they can inform an inmate victim if/when an inmate or staff abuser has been indicted or convicted of sexual abuse or sexual harassment. Facility investigators are aware of the notification requirements of this standard.

Conclusion:

The Auditor reviewed facility policy and procedures, notification forms, investigative records, and interviewed staff and inmates. The Virginia Beach Sheriff's Office is properly notifying inmates after the conclusion of an investigation. After a thorough review the Auditor determined the facility meets the requirements of this standard.

**Standard 115.76 Disciplinary sanctions for staff**

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

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

Auditor Discussion:

The Rules, Regulations and Discipline policy governs discipline sanctions for staff who violate sexual abuse or sexual harassment policies and establishes termination as the presumptive sanction for committing an act of sexual abuse. The policy requires sanctions for violations of sexual harassment policies to be commensurate with the nature and circumstances of the acts committed, discipline history of the staff member, and comparable offenses by other staff with similar histories. The Rules, Regulations and Discipline policy requires a notification to proper law enforcement agencies and relevant licensing bodies, unless the act was clearly not criminal, when a staff member is terminated for violating sexual abuse and sexual harassment policies. The agency is required to report a resignation of a staff member who would have otherwise been terminated if not for his/her resignation to the appropriate law enforcement agency if the staff member violated sexual abuse or sexual harassment policies.

Evidence Relied Upon:

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

Analysis/Reasoning:

The Auditor reviewed investigative records and the investigative tracking mechanism. The Auditor found no evidence where a staff member was reported to the appropriate law enforcement agency for violating sexual abuse or sexual harassment policies. The facility reported no staff member has been found to have violated sexual abuse or sexual harassment policies. No staff member has been terminated for violations of sexual abuse or sexual harassment policies in the previous 12 months.

The Auditor interviewed an inmate who recently submitted an allegation that a staff member violated sexual harassment policies. The investigation was ongoing at the time of the audit. Interviews with staff reveal high level staff are aware of the requirement to report to the appropriate law enforcement agencies. Staff understand the requirement to notify licensing bodies. When asked what licensing bodies are notified the Auditor was informed the Virginia Department of Criminal Justice Services, Virginia Department of Health Professionals, and any other board which regulates licensing associated with the staff member.

Conclusion:

The Virginia Beach Sheriff’s Office maintains appropriate policies and mechanisms to ensure staff violations of sexual abuse or sexual harassment are reported to the Virginia Beach Police Department and relevant licensing bodies. Command staff are aware of the requirements of this standard. The Auditor reviewed facility policy and procedures, investigative records, and interviewed leadership staff to determine the facility meets the requirements of this standard.

**Standard 115.77 Corrective action for contractors and volunteers**

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

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

Auditor Discussion:

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

Evidence Relied Upon:

- Policy 13-11-00 – Prison Rape Elimination Act pg. 7
- Interviews with Volunteers and Contractors
- Interviews with Command Staff

Analysis/Reasoning:

Each volunteer and contractor receives training relevant to their capacity in the Virginia Beach Correctional Center. The policy that governs discipline for sexual abuse violations is included in the training. The Auditor conducted interviews with volunteers and contractors. Each volunteer understood the discipline sanction for violating sexual abuse policies. Command staff informed the auditor of the policy to notify the Virginia Beach Police Department and relevant licensing bodies of volunteers and contractors who are found to have violated sexual abuse policies.

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

Conclusion:

The Virginia Beach Sheriff’s Office maintains a policy which requires law enforcement and relevant licensing bodies be notified of volunteers and contractors who violate sexual abuse policies (unless clearly not criminal). The Auditor reviewed policy and procedures, and interviewed staff, volunteers and contractors to determine the facility meets the requirements of this standard.

**Standard 115.78 Disciplinary sanctions for inmates**

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff’s Office maintains a policy which allows for discipline sanctions following a discipline process when and inmate engages in inmate-on-inmate sexual abuse. Sanctions in the policy shall be commensurate with the nature of circumstances, disciplinary history, and sanctions imposed for comparable offenses committed by other inmates. In accordance with the Criminal Investigations policy, the disciplinary process must consider if mental disabilities or mental illness contributed to the behavior prior to assigning sanctions to the abuser. The facility also considers requiring the abuser to participate in therapy, counseling or other interventions to address and correct underlying reasons for committing the act.

Sexual activity is prohibited at the Virginia Beach Correctional Center. Inmates may be disciplined for participation in sexual activity. Reports made in good faith based upon a reasonable belief the allegation occurred do not constitute false reporting in the Virginia Beach Correctional Center, even if the evidence does not substantiate the allegation.

**Evidence Relied Upon:**

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

**Analysis/Reasoning:**

The Auditor reviewed the file of an inmate-on-inmate sexual abuse allegation. In this particular case, two inmates admitted to participating in a homosexual relationship with each other. One of the two inmates reported an allegation of sexual abuse. Although the inmate admitted to being in a homosexual relationship, the investigation determined the incident was founded because the victim was heard by witnesses telling the inmate “no” prior to the sexual act. The inmate also admitted to telling the other inmate no prior to the sexual act.

The incident was reported to the Virginia Beach Police Department for criminal investigation. The inmate victim was transferred to another facility following his allegation of sexual abuse. The transfer was not related to the incident but was related to his release of custody to another facility to serve time in that jurisdiction. The Virginia Beach Sheriff’s Office conducted an administrative investigation and reported the incident to the Virginia Beach Police Department when the investigator discovered evidence supports criminal prosecution.

The Auditor interviewed staff regarding discipline charges on inmates who engage in inmate-on-inmate sexual abuse. The Auditor was informed discipline charges are placed on the aggressor following the investigation. The Auditor was informed discipline charges are placed after criminal prosecution when incidents are referred to the Virginia Beach Police Department.

The Auditor reviewed the “Rules & Regulations for Virginia Beach Correctional Center” handbook. The handbook provides a list of prohibited rules for the inmate population. Sexual behavior between inmates is listed as a prohibited behavior. Definitions of prohibited sexual behavior is included in the handbook. The handbook includes actions taken against inmates who participate in sexual behavior.

The facility contracts medical and mental health services with NAPH Care, Inc. The mental health contractor provides counseling to inmate victims and abusers. The mental health staff attempt to determine underlying causes of the abuser’s behavior. The mental health contractor makes referrals for abusers when necessary.

**Conclusion:**

The Virginia Beach Sheriff’s Office appropriately disciplines sexual abusers following an administrative hearing. The auditor reviewed the Inmate Handbook, policy and procedures, discipline records, and interviewed staff to determine the facility meets the requirements of this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Auditor Discussion:

The Virginia Beach Sheriff's Office maintains a policy to offer a 14 day follow up with medical or mental health practitioners after learning an inmate has suffered sexual victimization whether it occurred in a facility or in the community. Facility policy and procedures strictly limits information related to sexual victimization and abusiveness that occurred in an institutional setting to medical and mental health practitioners and other necessary staff to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments. The Medical Services policy requires medical staff to 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.

Evidence Relied Upon:

Policy 13-11-00 – Prison Rape Elimination Act pg. 6-7  
Policy 12-12-00 – Medical Services pg. 2  
Policy 13-01-00 – Intake and Intake Classification Process pg. 6-7  
NAPH Care, Inc. Sexual Abuse and Assault Policy  
Interviews with NaphCare Staff  
Inmate Medical Records  
Offender Management System Records  
Interviews with Inmates

Analysis/Reasoning:

The facility provided the Auditor with the files of several inmates who reported suffering sexual victimization. In addition, the Auditor requested the files of 15 randomly chosen inmates. While reviewing the files the Auditor observed the initial intake screening asks the inmate if he/she has previously suffered sexual victimization. Once this box is checked by the medical staff member conducting the screening the information is automatically populated to the mental health personnel for a 14 day follow up meeting. The Auditor observed mental health follow ups generally occur within 24 hours of booking and do occur within 14 days.

The Auditor asked NAPH Care, Inc. staff to explain how the 14 day referrals take place. The Auditor was informed of the information which is automatically populated from the Receiving Screening form. The sexual victimization information populated is flagged in the computer for a 14 day follow up meeting. NAPH Care, Inc. staff informed the Auditor the inmate is typically seen by them on the same day. The Auditor asked how often or how long the mental health staff will meet with an inmate. The staff informed the Auditor there is no length of time; services are based on individual needs. The Auditor asked NAPH Care, Inc. staff who they inform when they learn an inmate has suffered sexual victimization in the community. The Auditor was informed that information is confidential unless an informed consent form is signed. The staff explain a general consent form is obtained during the booking process. NAPH Care, Inc. maintains a specialized consent form for reporting sexual victimization that did not occur in an institutional setting. The Auditor asked medical staff if they report prior sexual victimization and abusiveness that occurred in an institutional setting. The Auditor was informed they report the information to the appropriate security personnel to allow appropriate housing and other security and management decisions.

The Auditor interviewed several inmates who reported suffering sexual victimization. One inmate informed the Auditor of sexual victimization which was suffered in the community. The Auditor asked if the inmate informed anyone when arriving at the facility. The Auditor was told the information was reported to medical staff during the booking process. The inmate provided consent to the medical staff. An interview was also conducted with 2 inmates who reported suffering sexual victimization in an institutional setting. One inmate informed medical staff during booking while the other did not. The Auditor asked the inmate (who did not report the information) if the previous institution was notified. The Auditor was informed "no." The Auditor contacted the PREA Coordinator of the previous agency and submitted the allegation. The Auditor asked both inmates who reported suffering sexual victimization if they were offered a chance to meet with mental health professionals. Both informed they did speak to a mental health professional the same day.

The facility's medical and mental health records are only accessible to medical and mental health staff. NAPH Care, Inc. utilize CoreEMR electronic medical records filing system. Only NAPH Care, Inc. staff have user I.D.'s and passwords to access medical and mental health records. Information received at booking by security personnel is electronically maintained in the Offender Management System. Information included in an inmate's Offender Management System record is limited to key personnel while other staff have restrictive access rights.

Conclusion:

The Virginia Beach Sheriff's Office is restricting information received from inmates who have experienced sexual abuse in a community setting. The facility is limiting access to sexual victimization and abusiveness that occurred in an institutional setting to key personnel who make security and management, housing, programming, work and educational decisions. Mental health staff are conducting 14 day following up meetings with inmate victims of sexual abuse. After reviewing policy and procedures, inmate records, and conducting interviews with staff and inmate the Auditor determined the facility meets the requirements of this standard.

**Standard 115.82 Access to emergency medical and mental health services**

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

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

Auditor Discussion:

The Virginia Beach Sheriff's Office policy madates "all inmate victims of sexual abuse have access to emergency medical and mental health services as enumerated in 115.82." Medical services the Virginia Beach Correctional Center are operational 7 days per week and 24 hours each day. Crisis intervention services are offered through the YWCA and are accessible 24 hours per day.

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

Evidence Relied Upon:

- Policy 12-12-00 – Medical Services pg. 2
- NaphCare Policy – Sexual Abuse and Assault pg. 1
- NaphCare Policy – Management of Inmate Bloodborne Pathogen Exposures
- Security Staff Interviews
- Medical Staff Interviews
- SANE Interview
- Inmate Interviews

Analysis/Reasoning:

The Auditor interviewed security staff who would act as a first responder. All security staff informed the Auditor they ensure the victim is immediately separated from the abuser and notify their supervisor and medical staff following a sexual abuse incident. Security supervisors interviewed informed the Auditor they ensure the victim is separated from the abuser and notify medical staff for treatment of the victim.

The Auditor interviewed medical staff . Medical staff informed the Auditor they treat the victim for any life threatening injuries. The Auditor was informed life threatening injuries are priority. When treating a victim the medical staff attempt to preserve evidence as best they can. The Auditor asked medical staff if they use their professional judgement when treating victims; all stated "yes." Medical staff follow a written protocol for treating sexual abuse victims.

Inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The Sexual Assault Nurse Examiner informed the Auditor emergency contraception and sexually transmitted infection prophylaxis is offered at the time of the forensic examination. The SANE completes labs to test for sexually transmitted infections. If a victim tests positive they are offered treatment. NAPH Care, Inc. staff offer the morning after pill to female inmate victims of sexual abuse.

The Auditor interviewed a victim advocate from the YWCA. The victim advocate informed the Auditor the YWCA offers crisis intervention services to inmates at the Virginia Beach Correctional Center. She informed a representative will meet the SANE and the inmate victim at the facility. Services are provided as long as needed and determined by the YWCA. She informed services can be accessed

through the inmate hotline or initiated by the SANE following a sexual abuse incident.

The facility had no sexual abuse incident which required a forensic examination in the past 12 months.

The Auditor asked medical staff if inmates are charged for services provided following a sexual abuse incident. Medical staff informed the Auditor inmates do not pay for any services as a result of a sexual abuse. The Sexual Assault Nurse Examiner informed the Auditor inmates are not charged for forensic examinations. The Auditor asked the victim advocate if inmates pay a fee for crisis intervention services. The Auditor was informed “no.”

The Auditor conducted interviews with randomly chosen inmates. All inmates interviewed by the Auditor were aware services related to a sexual abuse victimization are free of cost to inmate victims.

**Conclusion:**

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

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

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff’s Office policy mandates medical and mental health practitioners ensure “ongoing medical and mental health care for sexual abuse victims and abusers as enumerated in 115.83.” The facility’s policy allows victims of sexual abuse treatment services without financial cost. Services are provided whether the victim cooperates with investigators or fails to name the abuser.

**Evidence Relied Upon:**

- Policy 12-12-00 – Medical Services pg. 1-2
- NaphCare Policy – Sexual Abuse and Assault
- NaphCare Policy – Management of Inmate Bloodborne Pathogen Exposures
- NaphCare Policy – Contraception and Care in Pregnancy
- Interviews with NaphCare Staff
- Interviews with Inmates

**Anaylsis/Reasoning:**

The Virginia Beach Sheriff’s Office has not had an inmate victim of sexual abuse during the previous 12 months who was offered ongoing medical and mental health care. The facility had one report of sexual abuse that was reported to the Virginia Beach Police Department during the investigation. The inmate was immediately transferred to another jurisdiction as he was scheduled for release from the Virginia Beach Correctional Center to serve time in the other jurisdiction’s facility. The inmate did make a report to the other jurisdiction when he arrived.

The Auditor reviewed the records of 15 randomly chosen inmates. The Auditor observed the receiving screening completed by an Emergency Medical Technician during the booking process. The receiving screening includes questions regarding previous sexual victimization. When an inmate answers yes the information is automatically populated for a follow up with a mental health professional. The mental health professional then meets with the inmate to begin counseling sessions.

NAPHCare, Inc. staff informed the Auditor inmates can submit a request to see the mental health professional at any point. Inmates will automatically be offered medical and mental health care following a sexual abuse incident in the facility. The staff informed the Auditor there is no set time limit for care. Care is offered and continues as long as needed. The Auditor asked NAPHCare, Inc. staff if they feel the services provided are consistent with a community level of care. The Auditor was informed the care is consistent with a community level of care and in some instances the care is better.

The Auditor reviewed the files of several inmates who were offered mental health counseling following the booking process as they had reported suffering sexual abuse in the past. The Auditor spoke to several inmates who had reported suffering previous sexual victimization. Each inmate informed the Auditor they were offered a meeting with a mental health professional. When asked how long after arriving did they meet with the mental health professional the Auditor was informed the meetings took place quickly. The longest was just a couple days. The Auditor reviewed the file of one inmate who had met with the mental health professional multiple times and appears to continually meet for treatment services.

NAPHCare, Inc. staff informed treatment plans are developed and follow up services are conducted with each inmate victim. The Auditor asked if referrals for continued treatment are made. The staff informed referrals for continued treatment to other facilities or community organizations are made when warranted.

NaphCare policy allows for pregnancy testing to be offered to all female victims who suffered sexually abusive vaginal penetration. There have been no female victims of sexually abusive vaginal penetration in the last 12 months. Female inmate victims of sexually abusive vaginal penetration are offered the morning after pill. All services related to sexual abuse are of no cost to an inmate victim.

**Conclusion:**

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

**Standard 115.86 Sexual abuse incident reviews**

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff's Office maintains a policy which requires an incident review following each unsubstantiated and founded incident of sexual abuse. The facility has an incident review team which consists of upper-level management, line supervisors, investigators and medical or mental health practitioners. The team is required to review each incident within 30 days at the conclusion of an investigation of sexual abuse. Policy requires the team to consider policy and procedure changes, examines the area, staffing levels, and monitoring technologies. The team also considers if the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status or perceived status, gang affiliation, or other group dynamic.

**Evidence Relied Upon:**

Policy 13-11-00 – Prison Rape Elimination Act pg. 20-21

Sexual Abuse Incident Review Reports

Interviews with Staff

**Analysis/Reasoning:**

The Auditor reviewed 2 investigative files provided by the facility. In addition, the Auditor requested 4 randomly chosen investigative files. An incident review was conducted within 30 days of each investigation determination of unsubstantiated and founded. The Auditor interviewed an Incident Review Team member. The team member was well aware of the requirements of this standard. The Incident Review Team Final Report includes the considerations of 115.86 (d) 1-6 in the report. When the review team meets they follow the format

of the report to ensure all elements of this standard are followed.

The Incident Review Team consisted of the following staff positions: Command Staff, Line Supervisors, Medical, and Investigators. The Incident Review Team completes a PREA Incident Review Final Report which is submitted to the PREA Coordinator and Sheriff. The Auditor observed the Sheriff and PREA Coordinator signatures on the PREA Incident Review Final Report.

The PREA Incident Review Final Report included a consideration to change policy or practice to better prevent, detect, or respond to sexual abuse; motivations by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, or gang affiliation, or other motivating factor; examined the area of the facility where the alleged incident occurred, assessed staffing levels and monitoring technologies; and determinations and recommendations for improvement.

**Conclusion:**

The facility Incident Review Team is conducting reviews as required by this standard. The Auditor reviewed policy and procedure, review team reports, and interviewed staff to determine the Virginia Beach Sheriff's Office meets the requirements of this standard.

**Standard 115.87 Data collection**

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

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

**Auditor Discussion:**

The Virginia Beach Sheriff's Office policy requires accurate, uniformed data be collected for every allegation of sexual abuse, utilizing a standardized instrument and set of definitions. Staff are required to aggregate the data annually.

**Evidence Relied Upon:**

Policy 13-11-01 – Prison Rape Elimination Act Data Collection, Storage, Publication and Destruction pg. 1  
Annual PREA Report  
Facility Website  
2015/2016 Survey of Sexual Violence

**Analysis/Reasoning:**

The facility utilizes definitions for Carnal Knowledge, Oral Sodomy, Rape, Sexual Abuse, Sexual Battery, Sexual Assault, Sexual Assault with an Object, Sexual Fondling, Sexual Harassment, Staff Sexual Misconduct and Voyeurism. The Virginia Beach Sheriff's Office does not operate a private facility or contract with other agencies for the confinement of its inmates.

The Auditor reviewed the facility's aggregated sexual abuse data for 2015 and 2016. The data reviewed by the Auditor was sufficient to answer all questions on the U. S. Department of Justice's Survey of Sexual Violence. The data aggregated by the Virginia Beach Sheriff's Office is based on standardized definitions as included in facility policy and procedures. The facility's website includes aggregated data in its annual report.

Facility staff maintain sexual abuse and sexual harassment data in locked offices and on password protected computers. The annual data is compiled from data maintained in the locked offices.

**Conclusion:**

The auditor compared the facility's aggregated data with the U. S. Department of Justice's, Survey of Sexual Violence. The facility was required to submit the Survey of Sexual Violence to the U. S. Department of Justice in 2015 and 2016. The Auditor reviewed both surveys, policy and procedures, facility website, annual report and interviewed staff to determine the facility meets the requirements of this standard.



### Standard 115.88 Data review for corrective action

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

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

#### Auditor Discussion:

The Virginia Beach Sheriff's Office policy requires command staff review collected and aggregated data to improve the effectiveness of sexual abuse prevention, detection, and response efforts. Command staff are required to identify problem areas, take corrective action on an ongoing basis, and prepare an annual report of findings and corrective actions. Policy requires participation and a written annual report by the PREA Coordinator and/or PREA Compliance Manager.

#### Evidence Relied Upon:

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

#### Analysis/Reasoning:

The Auditor accessed the Virginia Beach Sheriff's Office website. The website includes a link to access the facility's annual report. The Auditor reviewed the facility's annual report published on the website. The annual report was completed for calendar year 2016. The extensive 16 page annual report identified no problem areas or corrective actions needed. Data was compared from 2014 to 2016. The Auditor observed no personal identifying information contained in the written report. The PREA Coordinator informed the Auditor the Sheriff reviews and approves the annual report.

#### Conclusion:

The Virginia Beach Sheriff's Office completes an annual report and publishes the report on its website. The Auditor reviewed policy and procedures, facility annual report, website and interviewed staff to determine the facility meets the requirements of PREA Standard 115.88.

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

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

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

#### Auditor Discussion:

The Virginia Beach Sheriff's Office policy requires collected sexual abuse and sexual harassment data be securely maintained. Policy allows for personal identifiers to be removed from reports included on the facility website. Sexual abuse data must be maintained for a

minimum of 10 years after the initial date of collection as required in the Prison Rape Elimination Act Data Collection, Storage, Publication and Destruction policy.

**Evidence Relied Upon:**

- Policy 13-11-01 – Prison Rape Elimination Act Data Collection, Storage, Publication and Destruction pg. 2
- Annual PREA Report
- Facility Website
- Observation
- Interviews with Investigator

**Analysis/Reasoning:**

All sexual abuse and sexual harassment investigative data is maintained in locked offices and on password protected computers. Any access to sexual abuse data is strictly limited by usernames and passwords to staff with assigned access rights. Rights to these files are assigned to investigators and the PREA Coordinator and PREA Compliance Manager. The Auditor observed the investigative access process. Investigators informed the Auditor they maintain the data for a minimum of 10 years after the data has been collected.

The Auditor observed collected data published on the Virginia Beach Sheriff's Office website. The collected data is included in the facility's annual report and utilized to make comparisons of previous years data and assist in improving the facility's prevention, detection and response efforts. The Auditor did not observe personal identifying information contained in the facility's published sexual abuse data.

**Conclusion:**

The Auditor observed the offices where sexual abuse data is stored. The Auditor also observed the sexual abuse data on the facility's website. The Auditor reviewed policy and procedure, facility website, made observations and interviewed investigators to determine the facility meets the requirements of this standard.

**AUDITOR CERTIFICATION**

I certify that:

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



Auditor Signature

09-05-17

Date