



MINIMUM STANDARDS TO ELIMINATE SEXUAL ABUSE AND HARASSMENT

BOC SPECIAL HEARING
APRIL 23, 2019

APRIL 2019 UPDATE

- Dashboard
- Allegations, Disposition, Time to Case Closure (Minimum Standards 5-40)
- Observations Regarding Person in Custody Education (Minimum Standard 5-14)
- Supervision and Monitoring, Unannounced Rounds Audit (Minimum Standard 5-04(k))
- Investigations Supplementary Audit (Minimum Standard 5-30)

PUBLIC PREA REPORTING DASHBOARD

DOC PREA REPORTING STATUS FOR 2018 and 2019

UPDATED 4/10/2019

5-04 Supervision and Monitoring	2018				2019			
	Status	Due	Received	Comments	Status	Due	Received	Comments
(f) The Department shall provide annually to the Board, in writing, all deviations or adjustments to such plans that the Department is required to document pursuant to subdivisions (b) and (e) of this section.	Received	2/1/2018	3/27/2018	DOC submitted facility-specific staffing plans to the Board on 3/27/18. BOC has reviewed and will provide written feedback to DOC in conjunction with the 2019 staffing plans.	Received	3/1/2019	2/25/2019	DOC submitted facility-specific staffing plans to the Board on 2/25/19. BOC and DOC staff discussed these staffing plans at the April Quarterly PREA meeting.
(g) The Department shall institute a one-year pilot program to install video surveillance cameras in Department vehicles used to transport inmates by July 31, 2017. They will provide a written report evaluating the results by Sept 1, 2018.	Missing	9/1/2018	--	On 8/17/18, DOC submitted a letter requesting a 6-month limited variance to extend the deadline for submitting their evaluation. At the Board's 10/9/18 public meeting, DOC publically voiced this request. The variance request was not approved. The Department reported that it will submit its pilot evaluation report to the Board by 3/1/19.	Received	3/1/2019	3/1/2019	The Department submitted its "Video Surveillance Cameras on Transport Vehicles Pilot Report" on 3/1/19. This report is available on the Board's website.
5-12 Employee Training	2018				2019			
Status	Due	Received	Comments	Status	Due	Received	Comments	
(g) The Department shall report in writing and on a <u>quarterly</u> basis, the number of their employees who have been trained <u>during that quarter</u> .							The Board has been receiving quarterly reports as required as of 05/01/2018.	
--- Q1 Jan-March	Received	5/1/2018	5/2/2018	1,007 DOC staff trained.	Upcoming	5/1/2019	--	
--- Q2 April - June	Received	8/1/2018	8/1/2018	872 DOC staff trained.	Upcoming	8/1/2019	--	
--- Q3 July - Sept	Received	11/1/2018	10/26/2018	1,034 DOC staff trained.	Upcoming	11/1/2019	--	
--- Q4 Oct - Dec	Received	2/1/2019	1/29/2019	1,390 staff trained.	Upcoming	2/1/2020	--	
(i) The Department shall provide on an <u>annual</u> basis the training schedules, training curriculum and credentials of the trainers for employees trained in the previous year.							The Board was notified by DOC that its training curriculum and trainer credentials have remained the same since 2016.	
--- Training schedule	Received	3/1/2018	4/3/2017		Received	3/1/2019	3/1/2019	
--- Training curriculum	Received	3/1/2018	9/7/2018		Received	3/1/2019	3/1/2019	
--- Trainer credentials	Received	3/1/2018	9/7/2018		Received	3/1/2019	3/1/2019	
5-13 Volunteer and Contractor Training	2018				2019			
Status	Due	Received	Comments	Status	Due	Received	Comments	
(f) The Department shall provide on an <u>annual</u> basis the training schedules, training curriculum and credentials of the trainers for volunteers and contractors trained in the <u>previous year</u> .							DOC has reported that contractors are trained together with DOC staff and that its training curriculum and trainer credentials have remained the same since 2016.	
--- Training schedule	Received	3/1/2018	9/7/2018		Received	3/1/2019	2/28/2019	
--- Training curriculum	Received	3/1/2018	3/5/2018		Received	3/1/2019	2/28/2019	
--- Trainer credentials	Received	3/1/2018	9/7/2018		Received	3/1/2019	2/28/2019	

5-40 DATA- ALLEGATIONS RECEIVED BY PREA ID TEAM

Number of Allegations Made in 2017 & 2018 Received by the PREA ID Team (PREA Reportable vs. Non-Reportable Allegations)						
Type of Allegation	2017		2018		2017 & 2018	
	Number	Percent	Number	Percent	Number	Percent
PREA Reportable	643	56%	524	40%	1,167	47%
Non-Reportable	498	44%	802	60%	1,300	53%
Total Allegations Reported	1,141	100%	1,326	100%	2,467	100%

5-40 DATA- TYPE OF PREA ALLEGATIONS

PREA Reportable Allegations by Allegation Type						
Type of Allegation	2017		2018		2017 & 2018	
	Number	Percent	Number	Percent	Number	Percent
Staff on Person in Custody (PIC)	432	67%	329	63%	761	65%
<i>Sexual Abuse</i>	302		285		587	
<i>Sexual Harassment</i>	130		44		174	
PIC on PIC	211	33%	195	37%	406	35%
<i>Abusive Sexual Contact</i>	71		104		175	
<i>Nonconsensual Sex Act</i>	43		46		89	
<i>Sexual Harassment</i>	97		45		142	
Total	643	100%	524	100%	1,167	100%

5-40 DATA- DISPOSITION STATUS OF PREA ALLEGATIONS

PREA Reportable Allegations by Disposition Status			
Year of Allegation	Investigation Status	PREA Reportable	
		Number	Percent
2017	Total Pending	203	32%
	Total Closed	440	68%
	<i>Substantiated</i>	5	
	<i>Unsubstantiated</i>	354	
	<i>Unfounded</i>	81	
	Total Allegations in 2017	643	100%
2018	Total Pending	410	78%
	Total Closed	114	22%
	<i>Substantiated</i>	3	
	<i>Unsubstantiated</i>	53	
	<i>Unfounded</i>	58	
	Total Allegations In 2018	524	100%

5-40 DATA- TIME TO CASE CLOSURE

Time to Case Closure (Days) Allegations Made in 2017 and 2018								
PREA Reportable Status	2017				2018			
	Mean	Median	Min	Max	Mean	Median	Min	Max
PREA Reportable	533	554	0	773	218	260	1	414
Non-Reportable	273	278	0	729	74	25	0	409
Time to Case Closure All Closed PREA ID Cases	464	512	0	773	146	77	0	414

OBSERVATIONS REGARDING PERSON IN CUSTODY EDUCATION (MINIMUM STANDARD 5-14)

- **Purpose:** The Board sought to review education of people in custody about the Department of Correction's zero tolerance policy on sexual assault and harassment and how to report. The study reviews compliance with Minimum Standard 5-14.
- **Audit Sample:** Between March 1 and March 8, BOC staff toured a total of 194 jail areas across eleven facilities and one hospital ward.

NEW ADMISSION MATERIALS

- New admission materials were available at intake in each of the seven admissions facilities.
- All new admission materials included information on DOC's zero tolerance policy and information on methods for reporting sexual abuse and sexual harassment, with the Department, as well as other City agencies.
- Four intakes did not have new admission materials available in Spanish (BKDC, EMTC, MDC, and RNDC).

PRESENCE OF PREA POSTERS

- PREA posters provide methods by which people in custody may report incidents of sexual abuse or harassment.
- Most areas visited (82%, n=151) had PREA posters up with information describing ways to report sexual abuse or harassment, and how to make confidential allegations.
- All posters were available in English and 95% (n=144) of the areas with PREA posters had information available in Spanish.

SUPERVISION AND MONITORING, UNANNOUNCED ROUNDS AUDIT (MINIMUM STANDARD 5-04(K))

- **Purpose:** The Board sought to review whether DOC supervisory staff conducted and documented unannounced rounds during night and day shifts to identify and deter sexual abuse and sexual harassment, as required by Minimum Standard 5-04(k) and DOC policy.
- **Audit Sample:** Board staff audited one week of logbook entries for two housing areas (one dorm unit and one cell unit) at each of the following six facilities: AMKC, RMSC, GRVC, BKDC, RNDC, EMTC. A total of 12 housing areas were audited. Board staff also reviewed video footage (Genetec) at times corresponding to logbook entries of unannounced rounds to determine whether they were occurring as documented and to observe the activities occurring during PREA rounds.

LOGBOOK ENTRIES AT UNPREDICTABLE TIMES

- DOC logbook entries indicate that unannounced PREA rounds are being conducted by DOC supervisory staff and are taking place during night and day shifts as required by the Minimum Standards.
- Most of the 226 unannounced PREA rounds (71%, n=161) found in logbook entries occurred at unpredictable times as required by the Minimum Standards.
- Thirty-four percent (34%, n=86) of shifts reviewed during the audit period (N=252) did not have at least one unannounced PREA round, a requirement under DOC policy.

VIDEO REVIEW OF UNANNOUNCED ROUNDS

- Unannounced PREA rounds observed by Board staff on video took an average of 7 minutes to complete, ranging from a minimum of 1 minute to a maximum of 32 minutes.
- Thirty eight percent (38%, n=14) of the 37 unannounced PREA rounds recorded in logbooks and reviewed by BOC staff on video did not actually occur.

INVESTIGATIONS SUPPLEMENTARY AUDIT (MINIMUM STANDARD 5-30)

- **Purpose:** The Board sought to review the timeliness and quality of investigations into sexual abuse and sexual harassment in DOC facilities and compliance with 5-30 Standards on Investigations. In addition, the Board sought to document instances where there have been improvements, or a decline, in the quality of the investigations most recently audited when compared with those reviewed in 2018.
- **Audit Sample:** 20 closing memos that were closed in the first two weeks of February 2019

TIMELINESS

- The mean time to case closure for the 20 cases reviewed was 350 calendar days.
- Only two cases were closed within the 90-day period required by the Minimum Standards.

INTERVIEWS

- Interviews were conducted with 15 of 20 alleged victims. In two additional cases, it was not documented why these interviews did not take place, and in three other cases, the alleged victim either refused to be interviewed or could not be identified.
- Alleged perpetrators were interviewed in nine of 17 cases in which it was reasonable to expect an interview to take place
- Witnesses were interviewed in the majority (70%) of the investigations audited.

CONFIDENTIALITY

- There have been improvements in how investigators record the location of victim interviews.
- Investigators continue to conduct interviews in spaces that are not private and confidential.

REVIEW OF PRIOR COMPLAINTS

- Investigators consistently included information about prior allegations against the alleged perpetrator. This is a considerable improvement compared to the findings of the 2018 audit.

REVIEWING EVIDENCE

- The majority of investigations (80%) included a review of physical evidence such as video, bedding, or clothing. This represents an improvement when compared to the results of the Board's previous audit.
- The majority of investigations (85%) included a review of available testimonial evidence such as monitoring information, records, and witness statements. This is a considerable improvement when compared to the results of the 2018 audit.

CREDIBILITY ASSESSMENTS AND SUBSTANTIATION

- In 55% of cases, the report included a clear indication of how the investigator decided on the credibility of the various people involved.
- In a third of cases, the investigator adequately described their reasoning for finding an allegation substantiated, unsubstantiated, or unfounded.

CONTINUED DOCUMENTATION CONCERNS

- While there has been some improvement in how investigators record the location of victim interviews, the recording of the location of witness and alleged perpetrator interviews persists as a problem.
- The Board remains concerned that decisions regarding the establishment of crime scenes are not recorded adequately.
 - The Closing Reports showed that crime scenes were not established in any of the 20 cases and while that might be reasonable. The investigator in only 44% of the sexual abuse cases sufficiently explained this decision.
- There are different Closing Report formats used by investigators, leading to discrepancies and inconsistencies in what information is collected and recorded for each closed case.
 - We observed five different formats in this sample of 20 cases.

