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REVIEW PANEL ON PRISON RAPE

HEARINGS ON RAPE AND STAFF MISCONDUCT IN U.S. PRISONS

(AMENDED VERSION)

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C O N T E N T S

P R O C E E D I N G S

(8:30 a.m.)

DR. WILKINSON: Good morning to all of you and welcome to the Review Panel Hearings on Rape and Staff Sexual Misconduct in U.S. Prisons. We will be doing similar hearings later this year on adult detention facilities.

All of you in the room obviously are very much familiar with the Prison Rape Elimination Act, which became law, and a lot has transpired over the recent history of PREA. In addition to the work of the PREA Commission, which has since sunsetted, which gave rise to the work of the PREA Panel to look at the work of the PREA Commission and to follow-up with the statistical work that was conducted by the Bureau of Justice Statistics, which led to the PREA Panel making a determination regarding what facilities should be invited to the stated hearings of the PREA Panel.

So there are hearings to take place and already this last year we had Panel hearings on Juvenile Justice here in Washington. This is the set of hearings for adult prisons and later we will have

hearings on, as I indicated, jails or adult detention facilities.

The way you get invited to these hearings, by law the Panel selects three of the highest prevalence -- according to the data by the Bureau of Justice Statistics -- facilities and two of the lowest prevalence facilities. That has been done. Each of the five facilities invited to this hearing has been visited by either one of the Office of Justice Programs, Office for Civil Rights staff and/or one of the Panel members, who will introduce themselves to you in just one moment.

Sometimes it's confusing regarding what the mission of the Panel might be. It is not our mission to embarrass any agency or any institution. It is our mission, however, to make the field of corrections and interested parties aware that we are doing our due diligence according to the law, but probably more importantly, doing what might very well be the right thing. We consider persons who are incarcerated in correctional facilities across this country to be citizens of this country and should be treated with

the right kind of respect, and therefore, so well over and beyond just the fact that we have a legal obligation to comply with and conform to the specifications of the PREA law, we want to ensure that correctional facilities are run, especially as it relates to sexual misconduct, in a way that we would expect our neighbors and family members and everybody else to be treated.

So it's very important that there is some checks and balances regarding how that happens. In a very small way, related to corrections, the PREA law was intended to make sure that we minimize -- the law actually says eliminate -- sexual misconduct and victimization inside adult and juvenile correctional facilities throughout the country.

So we -- it's our mission to conduct these hearings with the utmost dignity and respect, but at the same time it is our responsibility to kind of probe the important aspects of what we saw and what we read and what might be important as it relates to these hearings. So thank all of you for being here.

I'm Reggie Wilkinson. I am -- probably be

the de facto chairperson of this committee. I was involved with the previous PREA Panel last year. Panel members change from time to time obviously. I'm joined by two very illustrious co-panel members.

I am retired as the Director of the Ohio Department of Rehabilitation and Correction. I retired after a thirty-three-year career with that agency. The last sixteen years of my stay with the State of Ohio and Department of Corrections, I was the Director, and along the way, happened to be the President of the American Correctional Association and the Association of State Correctional Administrators, as well as a number of other organizations and titles that I won't bore you with, but I would like for my co-panelists to introduce themselves to you.

So, Anne, do you mind?

MS. SEYMOUR: Thank you, Dr. Reggie. I'm Anne Seymour. I have been a Crime Victim Advocate for almost thirty years and most of my work has been in corrections-based victim services, and in 1992, I co-authored what was then considered a fairly landmark report called Rape in America: Report to the Nation.

So when PREA came along, I was able to combine two things I care very much about and that is sexual assault in our country and also, as Reggie so eloquently said, the conditions and culture of our nation's prison system. So I'm so happy to be on this Panel with two really esteemed colleagues.

DR. WILKINSON: Thank you, Anne.

DR. CHRISTENSEN: And I'm Gary Christensen. I've been in the field of corrections since 1978, mainly in jail facilities, but since I retired three years ago, I do work all throughout the country with NIC, Urban Institute, and various agencies to improve the way our correctional facilities run, and we all know that our business of corrections is a rapidly changing field for a myriad of reasons.

I see this issue as extremely important, but also a symptom of the way the correctional facility runs. My perspective on this is that if a correctional facility is well-run, and in keeping with what we're expecting of our correctional facilities today, that these incidences will naturally be lower.

So it's -- as Reggie said, it's my desire

that we talk about these things and we do need to give due diligence to our responsibilities, but we talk about these things as practitioners within the field with the purpose of bettering what we do and bettering the way people perceive our correctional system. So thank you for being here.

DR. WILKINSON: So with that, we will move right into the agenda.

First on the agenda is Dr. Allen Beck, who is the Senior Statistical Advisor with the Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Impressed with all that. We're very, very pleased to have Allen and I know some of his colleagues are in the audience as well with BJS.

There is a protocol, however. Dr. Beck, we must swear you in, if that's okay.

Whereupon,

ALLEN BECK

was called as a witness, and having been first duly sworn, was examined and testified as follows:

DR. WILKINSON: Okay, you're duly sworn in.

We've asked Dr. Beck to update us on what's transpired with the data keeping and the statistical analyses, what's happened with PREA in the last year or so.

So with that, I'll turn the microphone over to Dr. Beck.

DR. BECK: Good morning. I'm not sure this is on.

DR. WILKINSON: I think it's more for the -- okay. I think it was more for the recording than --

DR. BECK: Ah, okay. It's a pleasure to be here this morning. An honor to be here as well.

I'm here today not just because of my work, but the work -- hard work of a whole team. Paige Harrison was a co-author of the report, and Paul Guerino, a new member of the staff, certainly looked over our shoulders and verified the numbers along the way and kept us honest, as well as the team from RTI International that did the field work. So we're here as a team. I simply speak for that.

The NIS, National Inmate Survey, is the

second of its kind. We previously did the survey in 2007. Let me say I've been asked here to talk about what's new as -- what have we learned this year as opposed to what we previously learned. Let me begin, though, by saying about a few things about what's not new.

And, first of all, what's not new is that the Departments of Corrections from all across the country truly stepped up to the challenge of being surveyed. We had no refusals this year from any of the correctional administrators or from facility operators in state and federal prisons.

We selected 171 facilities and we had four facilities that were determined to be ineligible, one that had closed, one that was functionally just not able to participate because it was a transfer facility, and then two in which we had the misfortune of walking right into an ongoing litigation, and let me say that we determined that they would be ineligible simply because it's very difficult to do data collection in the middle of a civil suit, particularly hard to get at the truth and very

difficult to stay and keep the responses anonymous.

So we had remarkable support, even in light of having done this the first time and identified some facilities with high rates.

What also is not new is we are collecting information on allegations. We're not collecting information on substantiated incidents. A very substantial difference. We can only, in a survey operation, collect what inmates tell us. We cannot ask questions sufficient to rise to the level of a substantiated incident, rise to the level of an investigation. And we know some of these allegations may not be true; however, we look at the responses that we received from the inmates, from the respondents, and they are remarkably consistent.

We have -- we look at eighteen different indicators for inconsistency and we found very little inconsistency in the response pattern. So, internally, it has some, if you will, content validity to the responses. That gives us a great deal of encouragement as to the nature of what we are collecting and the credibility of what we are

collecting.

We did throw out 208 interviews that were determined to be too short or broken off or weren't sufficient to merit consideration, and so we take that task very seriously in examining the data to ensure that we're not including responses that aren't, on their face, credible.

Ultimately, I think in examining these responses, and particularly for those facility operators that come out high, I think we have to ask why should the inmates in these facilities necessarily be less truthful than inmates elsewhere, and I think that's a very difficult question to answer, but I think it's one that correctional administrators should take quite seriously as they consider the response patterns and consider what is being reported in our work. At a minimum, I think administrators need to consider what these data might be suggesting, even if they do not believe every last allegation.

So that is what is not new.

We interviewed in 167 state and federal facilities, interviewed approximately 32,000 inmates.

What is new this time was that we oversampled for women. That is, we oversampled and obtained a sample of thirty-six female prisons. We did that purposefully in the sense that we learned from the NIS-1 the first year that women have higher rates of sexual victimization and particularly higher rates when it comes to inmate-on-inmate sexual victimization. We confirmed that during this year, but by oversampling for female facilities, it allowed us to rank female facilities separately and we did that.

We obtained nearly identical rates. In fact, as statistically equal as one can find. We had an overall rate of 4.4 percent of all inmates interviewed reporting at least one incident of sexual victimization since coming into a facility or in the last twelve months, whichever was shorter. The distribution of allegations was nearly identical to that in NIS-1, that is about 2.1 percent of such allegations involved inmates with inmates and 2.8 percent involved staff sexual misconduct, and so in the cross-section, nothing has changed.

We, of course, have a different set of facilities that we interviewed in. Although the law requires us to include facilities each and every year regardless of their past participation, we've purposefully under sampled the facilities in the past so as not to overlap substantially, but we did abide by the law and the law required us to have every facility having the probability of selection.

What is new this year as well is that we identified high-rate facilities based on the type of sexual victimization, as well as the nature of the precision of the estimates. So unlike the first year in which we looked at a group of high-rate facilities in totality, we looked at -- identified a group of high-rate facilities based on inmate-on-inmate sexual victimization and based on staff sexual misconduct. The reason, of course, is, is from the first year we learned that inmate-on-inmate sexual victimization may well be different from staff sexual victimization. The underlying circumstances, the underlying risk factors may, in fact, be different and so the facilities that may come out high on one, may not come

out high on another and simply aggregating the two together will mask some of the underlying variation, and so our work was to identify facilities by type of victimization and to identify high-rate facilities in doing that.

Based on our experience of past, we examined the -- not only the prevalence but the statistical properties of those rates and in order to be a high-rate facility, the lower bound of the confidence interval had to be at least fifty-five percent higher than the comparable average for the comparable group, and so what that means is for high-rate facilities, that the lower bound of the confidence interval had -- for men had to be fifty-five percent higher than 1.9 percent and the lower bound for female facilities had to be fifty-five percent higher than the 4.8 percent that we observed for females.

On the flipside, we had six facilities that had no reported victimizations and we had other facilities that had very low rates of sexual victimization, and so the law requires us not only to identify high-rate facilities, but also low-rate

facilities and we used the same statistical principles in looking and identifying such facilities, in which case the upper bound of the confidence interval is the determining factor and that had to be -- have less than sixty-five percent of the comparable average that we observed.

And so we introduced statistical properties, but admittedly those are judgment calls. We have to make a judgment as to what properties to base the identification on, and so reasonable people can argue about whether that threshold of fifty-five percent is sufficiently high or too high. Nevertheless, we observed that eight male facilities and two female facilities had high rates of inmate-on-inmate sexual victimization, and four male facilities and two female prisons had high rates of staff sexual misconduct.

We had two facilities, one of which was Fluvanna, that had a very high rate of inmate-on-inmate victimization, 11.4 percent, and a high rate of staff sexual misconduct, six percent. Overall, 14.3 percent aggregate, with a confidence interval of ten to approximately twenty percent. So

what that means is ninety-five percent of such confidence intervals will include the true parameter. If we had only interviewed everyone and everyone had responded, the true parameter would be captured by that ninety-five percent confidence interval.

We also identified a facility in Elmira, New York, with high rates of staff sexual misconduct, high being 7.7 percent with a confidence interval of 4.5 to 12.7, and we also identified the Allred facility in Texas with 7.6 percent rate of inmate-on-inmate sexual victimization, but this is all determined by the observed value as well as the confidence interval around those values.

What also is new this year is that we examined each type of victimization and looked at risk factors, individual risk factors related to the likelihood of being victimized and reporting such victimization.

We also introduced multivariate models to look at the interrelationships between these risk factors to determine the ultimate predictor of sexual victimization with all the variables, all the risk

factors combined. And so we saw the very strong gender differences. We saw that black inmates had higher rates of victimization for inmate-on-inmate victimization, while white inmates had higher rates for staff sexual misconduct. We learned that the lowest rates of staff sexual misconduct were among inmates who are at age forty-five or older. We learned that inmates who had never been married had higher rates of sexual victimization, whether inmate-on-inmate or staff sexual misconduct.

I think the most profound correlate of sexual victimization, the strongest in all that we looked at, were correlates related to sexual identification and past sexual victimization. Inmates who identified themselves as something other than heterosexual had substantially higher rates than other inmates, whether it'd be staff sexual misconduct or inmate-on-inmate sexual victimization. And those who had been victimized in the past were more likely to report having been victimized during our window of the survey.

We also learned that inmates who are held

for violent sexual offenses had highest rates of inmate-on-inmate sexual victimization. We also learned that inmates with the longest sentence and who had been there the longest time had higher rates of victimization. So in some ways these confirm many of the beliefs and many of the findings of others who've examined these things in a much smaller scale.

What we bring to this is a multivariate look and we see, in fact, that when we control for the demographic factors, we control for the criminal justice factors, the sexual identity factors, the past prior sexual victimization factor, both come out as the stronger predictors of sexual victimization. And so we can look at these risk factors and how they're interrelated, but fundamentally it is about sexual identification and past experiences of victimization that are the strongest of all.

What is also new is that we used -- we constructed a multivariate model to examine the fundamental criticism of NIS-1 by some of the higher rate facility operators and they are -- at criticism was, "Well, you didn't control for the kinds of

inmates that we house here. Our inmates are somehow different. Our inmates bring with them higher risk factors. After all, they -- and therefore, it's not our responsibility, perhaps, but it is the fact of the matter that the inmates bring with them risk factors and we're dealt a bad hand."

Well, in examining this, we used that multivariate model to looked at a predicted value for each of the facilities that are ranked high on each of those dimensions and we concluded that about half of the high rates were attributable to the risk factors and the other half was unexplained, that there was -- it was not truly the case that the facilities that were high were those that had riskier inmates.

Nevertheless, even if they had a profile of risk that was disadvantageous, they still have the responsibility to address the issues, but I think that was new in our analysis and directed based on our experience from NIS-1.

I think we've learned fundamentally that sexual victimization is complex. It's not the stuff you see on TV or in the movies. It's not all of the

same type. It's not all rape. It's not all forcible penetration. It's not all about guards who are perverted or perverse. It is a whole array of activities and circumstances and it's important, I think, to understand the complexity of sexual victimization in order to address it. And so when we look at these rates, it's important not to characterize them as rape. It's important to characterize them as a whole continuum of activity that range sometimes from wanted sexual activity to unwanted to activity involving force, threat of force, to involving injury. So it's a continuum of things -- of activities that go on within the setting.

And so we also examined, finally, for the first time the issue of pat downs and strip searches. A very controversial issue, very difficult to measure, and the conclusion we come up with is there is substantial unwanted touching being reported by inmates in the context of pat downs and strip searches. In fact, about forty percent of the victims are reporting unwanted sexual touching that involved a pat down or strip search, but then when asked, well,

were there other activities, other circumstances outside of pat downs and searches, and eighty-five percent of the victims are saying, "Yes, we experienced some victimization outside of those pat downs and strip searches." And so it doesn't set to rest the issue of cross-gender supervision. It doesn't set to rest the issue of cross-gender pat downs, but nevertheless, we understand inmates do not like pat downs, do not like strip searchers, and are expressing that, and at some times inmates feel that those pat downs are excessive and unwanted and of -- sexual in nature.

So that is what is new in our report. We also have considerable information about circumstances, circumstances surrounding the victimization. In preparation for this hearing, as well as for the hearing in August, I did provide facilities with those detailed circumstances to understand the number of times it occurred, where it occurred, the nature of the pressure, time of day, so and so forth.

So with that, thank you.

DR. WILKINSON: Thank you, Dr. Beck. We'll reserve the next ten minutes or so for questions from the Panel. Gary, Anne, any questions for Dr. Beck?

MS. SEYMOUR: Yeah, I do. When you were talking about the individual risk factors being general sexual orientation and that person's past victimization history, I mean knowing that, what type of policies should we be looking at in terms of preventing sexual victimization along the continuum that you discussed?

DR. BECK: Well, I'm not an expert on that and certainly not in the policy arena or involved in running the facilities and telling people how to run those facilities. Clearly all of these factors are related to screening and proper screening of inmates at the time of intake, proper placement of inmates once screened, and so risk factors go into that just as you would screen for needs. Other risk factors, risks related to sexual victimization should go into those decisions related to placement and proper supervision once in.

The problem with sexual victimization, if

you will, from a statistical point of view is it's a rare event. It's not rare in the sense that four percent involves few people. I mean four percent against a million-and-a-half individuals generates a very high number.

It's a rare event from a statistical point of view, and therefore, models of the risk break down in trying to predict -- trying to screen for risk and predict -- make predictions. Those prediction models don't do particularly well.

With all that said, however, I think it's very unambiguous that sexual identity and past experience need to be considered, need to be examined at the time of intake.

DR. CHRISTENSEN: Dr. Beck, could you explain to us the -- kind of breakdown the statistical analysis a little bit better for folks who don't understand it well and explain the significance of what ninety-five percent confidence interval means? So, in other words, when a facility comes up high by a couple of percent, what that means in terms of ninety-five percent confidence interval.

DR. BECK: Sure. These are samples. We are unable to talk to everyone in a facility, interview everyone, whether because of logistics, because of time, because of burden or because inmates decide they don't wish to participate. So you can get two sources of error, one being sampling error and being related to non-response. In fact, both of those sources of error can be examined and taken into account and we calculate, statisticians, is something called an estimated standard error of estimate, which is in the parlance kind of the news media, margin of error, so to speak.

And so when a facility comes in at a higher rate, we would put a confidence interval around that high rate and that confidence interval will typically be two-sided and it would typically represent the chances of observing such a value outside of the interval, and essentially, you know, ninety-five times out of one hundred, that confidence interval will contain the true parameter. That means five percent of the time it would be outside the parameter based on the statistical properties.

So it's a high standard of precision, and when we look at the variation in the responses, you have to take those variations into account and in this report, we've compared that confidence interval, especially the lower bound of the confidence interval, to the average for all other facilities. We determined that it had to be substantially higher than the average in order for us to be certain that the confidence interval and the true parameter would be different from the overall average facility.

So it is a high standard, and consequently, you only get ten facilities that have -- determined unambiguously to have high rates of inmate-on-inmate victimization and six facilities that are unambiguously high rates for staff sexual misconduct.

DR. CHRISTENSEN: Thank you.

DR. WILKINSON: Allen, the -- one of the things that we hear as we're doing our tours and reading through materials is that a lot of the -- I mean you made the distinction between an allegation and what's substantiated. We hear a lot that inmates are being manipulative, you know, in terms of trying

to get transfers or somehow or another trying to make their situation a little bit better or a different cell block or whatever the case might be.

How does the data tend to refute or don't address this issue of inmate manipulation? I have a guess about that, but I'd love to hear your --

DR. BECK: Sure.

DR. WILKINSON: -- more informed perspective.

DR. BECK: Well, we've obviously given that considerable thought. In our work it's the issue of false positives and false negatives. False positives meaning that an allegation is being made and it's untrue. A false negative is that the inmate is not reporting anything that is -- that's saying nothing happened when something in fact happened. And so you have a balance of false positives and false negatives, and I think if you are to subscribe to the issue of false positives, you also have to entertain the notion that perhaps some inmates will not come forward, will not feel comfortable, won't be fully expressive, and hence, false negatives.

Now, the survey itself is confidential. The inmate who takes a survey will not know whether it's -- what the survey's about until they immediately get the survey. We randomized a certain fraction of the inmates to a different survey to protect them and do essentially a double-blind, blinded from the staff that's bringing them forward, as well as blind the survey from our survey. So there's a lower likelihood of contamination of -- a kind of survey effect.

We also administer an audio, computer-assisted self-interview. So inmates when they answer a question don't know what's next. They don't know what's the next question. When you're doing a paper and pencil questionnaire, inmates can game it a little more readily because they'll know what's up next and try to make a consistent story. It's very difficult in an audio, computer-assisted self-interview to make that consistent story because they don't know what the questions are going to be. The questions are conditioned on one answer or another. And so just the mere fact of the administration of the survey makes it a little more

difficult to have a consistent story, a consistent lie, if you will.

There are also things that we can look at internal to the survey to look at consistency between one part of the survey to another part of the survey. We built in multiple measures. We introduced some, if you will, latent class measurement techniques to block out parts of the survey, to ask questions of one kind and then come back, ask it a little bit differently and see if there's a consistent response between the front answer and the latter answer.

We examine the interview for outliers, for extreme answers. As I said, we threw out 200 interviews based on shortness at the time and the break-offs internally. We also constructed eighteen different indicators to look at inconsistent patterns, and so there's only so much one can do in constructing the interview and in looking for consistency internally. And so the answer I offered up earlier is, is that you have to ask -- you have to address the issue of why inmates in one facility should be less truthful than inmates in another facility. If you

have an answer to that, then that may be a helpful response. It may be insightful.

We have not seen patterns of collusion. We have not seen patterns of increased reporting of victimization as we stay in the facilities longer. There are all kinds of indicators to suggest that there's real credibility to these answers.

Now, admittedly, you know that these aren't all true. Some may be false. I don't think you have to have one hundred percent standard of truth in order for these responses to be taken seriously.

DR. WILKINSON: Gary?

DR. CHRISTENSEN: I just had one more question regarding trends, from the previous report to the largest overarching trend in terms of incident and rate of incident from the previous report to the one that was published in August 2010.

DR. BECK: Yes, we observed no trend. I mean we spent a great deal of money doing this data collection and we got the exact same results now. I think, as a statistician, it's a great deal of confidence that we're doing something consistently and

it's reflecting some kind of stable, underlying pattern of behavior or experience. So we -- so a 4.5 percent rate overall using the same methodology in 2007, in 2008 and 2009, it's 4.4 percent. Different set of facilities, though. You know, there may be a dozen or so facilities that overlapped (inaudible).

We're also seeing that in our administrative data collections as well, relatively little trend. The allegations have gone up in state facilities. A lot of the substantiated incidents have remained relatively flat.

I think as we go forward, there's increased sensitivity to issues of sexual victimization in prisons and jails, and so it's not inconceivable that we may see those rates go up somewhat as reporting to administrators becomes more uniform, as staff become more sensitized to the issues and increase their reporting of incidents to their superiors. It may well be that inmates themselves are more sensitized because they're willing to report because they might believe that those reports will be taken seriously.

So all those things added in, one might

expect that in the short run that those rates in administrative records will go up.

As far as self-reports, I think we've seen at the level and one hopes that those self-reports will decline with time as PREA standards are propagated, implemented, and as correctional administrators focus their attentions on these issues.

DR. WILKINSON: Dr. Beck, your report explains that the common period for -- I think it's forty percent of the reported allegations were between six o'clock and midnight. Suspiciously that's when a lot of the first shift staff, including administrators and others, are not there.

Is there any data to suggest something different than that or is -- what does your data say about the time period at least?

DR. BECK: Remarkably consistent, it's the second shift. It's the evening hours when the facilities have fewer staff and yet the inmates are still awake, and that seems to be the period of time that's of greatest risk.

Sexual victimization occurs at all times,

all hours of the day, make no mistake about it, but it's the second shift that shows up in the inmate self-reports and it shows up very loud and clear in the administrative data that we examined. So I think that's an unambiguous period of time.

We understand also that sexual victimization typically between inmates occurs in the inmate's rooms, whether it's the perpetrator's or the victim's cell or dormitory. We also understand that staff sexual misconduct is most likely to occur in closets, locked offices, places outside of those cells or dormitories.

DR. WILKINSON: Any other questions?

MS. SEYMOUR: No. No, sir.

DR. WILKINSON: Thank you, Dr. Beck. Appreciate you're ongoing help with trying to decipher a very difficult and complex issue. So --

DR. BECK: Thank you.

DR. WILKINSON: -- as well as that of the BJS staff.

MS. SEYMOUR: Yeah. So, BJS, thank you.

DR. WILKINSON: Our next witness is Melissa

Andrews. Thank you for being here.

Melissa is a formerly incarcerated person at the Fluvanna Correctional Facility for Women. I understand she's joined by a victim's advocate and it maybe took a lot for you to come today, but nevertheless, we're appreciative. It's important and we'll appreciate your testimony as well.

So with that, you also must be sworn in. If you'd raise your right hand.

Whereupon,

MELISSA ANDREWS

was called as a witness, and having been first duly sworn, was examined and testified as follows:

DR. WILKINSON: Thank you.

MS. ANDREWS: If I read, it's only because I don't want to miss anything that I --

DR. WILKINSON: Okay. No, that's --

MS. ANDREWS: -- think is important.

Hello, my name's Melissa Andrews. I want to thank you for having me here today to listen to what I have to say about the conditions at Fluvanna

Correctional Center for Women from 2008 to 2010.

Let me tell you a little bit of my background. I'm a thirty-seven-year-old mother of two boys, sixteen and eighteen. I live in Fredericksburg, Virginia, and currently work as an office administrator, as well as take classes to finish my bachelor's degree that I started while I was incarcerated. My ultimate goal is to finish my master's and get my counseling certificate so that will enable me to help others that have a similar background to mine.

I was incarcerated in 2002 for multiple charges of possession, robbery, a violation of probation, and a no-weapon larceny. I was sentenced to nine years and two months. I did eight-and-a-half years because of good time that I earned. I spent fourteen months in the Rappahannock Regional Jail in Stafford, Virginia. Then went to Fluvanna in 2003 for fourteen months. Then was shipped to the Virginia Correctional Center for Women and returned again to Fluvanna in November of 2007 until my release in July of 2010.

I'm only here today in the hope that the things that I say will enlighten the Panel and maybe make a difference in the long-run to the people that are still incarcerated.

I was under the supervision of three different wardens and two different majors during my stay in the correctional facility. During my stay at Fluvanna the first time, which was 2003 to 2004, the warden had an open-door policy and was seen often on the compound, interacted a lot with the inmates. The major was rarely, if ever, seen at that time. The warden answered questions, asked questions, and was willing to hear whatever inmates or her officers had to say; however, there was still a lot of sexual relations between officers and inmates.

I've never heard or seen a violent sexual exchange between officers and inmates because it is more of an exchange of services between the two. Women would allow these officers to have sexual relations with them because they were lonely, wanted a better job, wanted more privileges, wanted less consequences for infractions or just for something to

do.

I'm not sure you realize the self-esteem of incarcerated women and what it does to them to get attention that will give them an advantage over everyone else, give them better self-esteem or lessen the consequences of their delinquent actions inside; however, I saw many of my fellow inmates and a few of my roommates over the time that had sexual relations with officers and what it did to them.

When I was at Fluvanna the first time, I had a good friend that worked in the infirmary area and would go out to work during the day and night and have sex with an officer in an office or closet that held supplies in the medical rooms. The officer was having -- the officer she was having sex with still works for DOC.

My friend and I would talk about the workers that were having sex with the sergeants and lieutenants in the building and that was in 2003 and 2004. Many times these inmates would get special privileges, like thirty hours a week for work whether they worked or not, leniency on tickets they received.

There were a few times during my eight-and-a-half years that I was asked suggestive things by an officer or an officer wanted -- made unwanted and not asked for advances of some sort.

In the medical building, there were many places without cameras at the time and even places without cameras when I left in 2010. There were and still are sexual practices between inmates and officers and inmates and inmates that take place in those places.

I was then shipped to VCCW in 2004 under the supervision of the current warden of Fluvanna.

DR. WILKINSON: Can you explain what CCW is or --

MS. ANDREWS: Virginia Correctional Center for Women.

DR. WILKINSON: Okay.

MS. ANDREWS: It's another facility. She was very personable. She listened to inmates and responded to their needs; however, things happened there too.

I was sexually assaulted by another inmate

who was my roommate and fought her off in 2006. I went to three different authorities. One was even the assistant warden. Nothing was done until four days later when we both got put in segregation, but not because of her assault, but because I claimed sexual assault and she denied it and I admitted to hitting her to get her off me because she was choking me.

There was no real investigation. An officer came to ask me questions, but I was never sent to medical to be checked and I was sent to segregation. I was not offered any counseling services because they did not bother to even really investigate. They did not take any pictures because they could not see any visible marks after four days of not listening to me.

Their form of investigation is to question an inmate and that is all. The policy is the same at Fluvanna now and has always been that way. If someone tells of any acts committed to them by an inmate, it is not taken seriously unless there are physical marks to prove the allegation, and even then, they're (inaudible).

When an inmate accuses officer of an

indecent act, the inmate is immediately put in segregation and an officer comes to talk to them. An investigator comes to talk to them, but there are no medical services or mental health services offered to them. Most investigations end up with the officers moved to another building and an inmate eventually released from segregation in a separate building. So they may not have to live in the building they work, but they still have to see them and deal with the repercussions from the friends of the officer or the officer himself.

Needless to say, that in and of itself told me never, ever to tell any authority anything that was going on. In fact, I was punished for protecting myself.

I went back to Fluvanna in November of 2007. At that time, there was no major. The warden at the time would not allow any communication with her at all. You could not speak to her on the yard. You did not -- she did not respond to any inquiries. She changed everything she could possibly change. She believed and said to officers many times that if she

took anything and everything from us, including our humanity, maybe we would not return to prison.

Once the new major came, it got even worse. He went from wing to wing in each building and told us specifically, "You bitches think you've been living in KinderCare. I'm not your former major and things are going to change." From that point on, there were policies implemented by the major and an institutional investigator, which is ironic and unfair because the two men who seemingly hated women were in charge of making the very policies that we had to go to, to complain about.

Then they would investigate the complaints, the inmates' complaints, about the policies and the women would be stigmatized or thrown into segregation. How do you think you would feel to complain or make an accusation against the very people making the policies? Do you think women felt comfortable?

Most women felt targeted and alone with nowhere to turn. They took away all makeup. Inmates had to cut their hair above the collars of their shirts. If they did not, they were refused religious

classes, vocational classes, GED classes. Families were turned away from visitation and graduations because their hair was too long or styled in the wrong way.

The major issued a ban on hugging and holding hands anywhere on the compound with anyone, including religious functions. Inmates were not allowed to hold hands or hug religious volunteers or each other during any services. You cannot even do these during prayer. Inmates were not even allowed to hug the chaplain. Out of all the people you could be -- should be able to hug in a prison setting, shouldn't it be a chaplain? Now, isn't that a violation of religious freedom and just inhumane?

In segregation, there was a policy put in place to use a dog collar on unruly inmates. They were already shackled and handcuffed. Did they really need a dog collar and a leash?

The major was very derogatory towards all inmates and even officers. There was a huge turnover in officers when the new major came because they were saying that they could not work for him because he was

asking them to treat us wrongly and do things they did not believe in. They also could not deal with how he ruled them, but there were other officers that got even more abusive because they were modeling the new major's attitude and behavior towards us.

Let me explain the setup at Fluvanna just a little bit. There are no bathrooms in the cell at Fluvanna. So during shakedowns, which were a week at a time, there would be one officer working in the bubble controlling about 200 cell doors. They would let one person out at a time. Even roommates had to wait for their roommate to come back before they could go to the restroom. Sometimes there were up to at least three to four hours before your door would get opened. There were women using the bathroom in plastic bags, cups, bowls in their rooms. If you used the bathroom on yourself because of a long wait, the major had you put in segregation until he personally approved your removal.

I experienced this personally. The major started the week or so before our shakedown in March of 2008. It was around that time that he started the

policy of one person out at a time for the bathroom. I, and a few other inmates, urinated on ourselves and got sent to segregation because it took over three hours to let us out to use the bathroom. On shakedowns after that, I learned that I could barely drink anything for five days because I would not be let out and may end up going to segregation again.

It's not just shakedowns. There's a list at night for bathrooms as well and you can wait up to an hour to two hours to be let out to use the bathroom. Things are still going on now. I know this because I still write many inmates at Fluvanna.

The major's office is still in the watch command building, which is the same building in place of the old major's office. There have been some cameras added to that area; however, there's still closets, bathrooms. There's a strip cell right to the major's -- right beside the major's office door with no cameras in there.

In 2008, I had a roommate who was having sex with an officer in the bathroom in the bubble area.

The setup of the building is four wings in a

circular building, sixty cells on two floors in a circular building, with administrative office in the bubble in the middle. In that area, there's a bathroom and a supply closet with no windows. There were officers and inmates that had sex in that area, even after all the PREA cameras were installed.

The cameras do not record all the areas at that time. They show them to people looking directly at them, but they don't necessarily record each area each time.

The major, the warden, the institutional investigator, the unit manager of building five, believed that if they put all the butch women in the same wing, that it would stop inmate relationships. Instead, it created more chaos. The butch women were sent to eat first or last, only getting sometimes two or three hours between their meals. They were refused recreation. They were locked down. They were refused classes. They were repeatedly stigmatized and sent to segregation or the structured living unit for minor offenses or no offenses at all.

Eventually inmates started to write outside

people and complain enough that that had to change, and they moved the -- and the story hit the newspapers and they moved a bunch of feminine females in there and some of the butches out to cover themselves.

Once the new warden came from Virginia Correctional Center for Women to Fluvanna Correctional Center for Women, which is the current warden now, things began to change. I was told by a few officers that the new warden put the major in his place and told him that she was going to run things.

The hair policy changed back to DOC standard, which is shoulder-length hair. The makeup and feminine hygiene items were allowed to purchase again. There was rec every day, twice a day, when before you were lucky to get it once a week.

The new warden had a meeting with every inmate in all buildings, which really impressed me. She told us that she was going to do things her way, but the inmates needed to earn the extras she was willing to provide. She said she would be changing things and if anyone needed to talk to her, to contact her by way of inmate mail system and she would

respond.

The new warden also said that she would like to use all female officers in the wings and male officers outside the wings; however, that's not happened because there's not enough female staff to do it.

The overall morale of the institution has changed and does change with every warden and every major. Even though the warden has done away with some of the policies of the former warden and the current major, there are still policies that have not changed. The issues of sexual contact between inmates and inmates, and inmates and officers still exist. My friends tell me of these issues when I write to them still.

The dog collar is still being used on inmates in segregation and even though they are already handcuffed and shackled.

The bathroom issue is still an issue there and if you happen not to be able to hold your urine, you're still going to go to segregation.

After all that I've said, I'd like to say

that -- no personal grievances against anyone in DOC for any personal reasons -- I have none. I'm here today because I am a former inmate and I believe that everyone does have to pay for their crimes, but we live in the United States and we should all be treated humanely.

Thanks for letting me speak.

DR. WILKINSON: Thank you very much for your testimony, Ms. Andrews. Interesting testimony, of course.

Anne, you had the opportunity to visit Fluvanna just recently. You want to start out with questions of --

MS. SEYMOUR: Yeah, thank you.

I want to thank you so much for being here and also on behalf of our Panel, say I'm very sorry that you were victimized, and by speaking out today, I do think it's going to have a very positive difference and we really, really appreciate your being here and I know it wasn't easy to come before us. So thank you so much, Ms. Andrews.

Let me just say that I did visit Fluvanna

and I made no qualms about the fact that the dog collar totally freaked me out. I didn't understand it. I talked to a few colleagues about that, whether or not that was a -- you know, a standard protocol and I guess my question to you is what do you think is the rationale behind the dog collar, in addition to what I saw was the belly chain, shackles and shackles around the feet?

MS. ANDREWS: I'm not sure because I've been in segregation and when you're handcuffed and shackled, you put your hands through the door backwards. They handcuff you behind your back. Then they then move you over and shackle you.

Now, I will say that there are some unruly inmates. I mean I've been -- you know, there are some inmates that do some crazy things in segregation, but does that really warrant a dog collar and a leash? You're already being shackled and handcuffed. You know, it just -- it doesn't make any sense to me.

DR. WILKINSON: Okay. Now, just to kind of clarify the dog collar piece. It's not a neck collar, right? It's a waist collar or --

MS. SEYMOUR: What I saw was a waist collar.

MS. ANDREWS: It's a -- well, to me it's a dog collar. It's a waist collar, but there's a leash attached.

DR. WILKINSON: Okay, but it's not around your neck. It's around --

MS. ANDREWS: No, it's not.

DR. WILKINSON: -- the waist, right?

MS. ANDREWS: Right.

DR. WILKINSON: Okay, but it does have a chain?

MS. ANDREWS: Yes.

DR. WILKINSON: And on the other end of the chain is an officer or a --

MS. ANDREWS: An officer.

DR. WILKINSON: -- tether or a --

MS. ANDREWS: An officer.

DR. WILKINSON: Okay.

MS. SEYMOUR: And I -- also I had one follow-up question if I may.

DR. WILKINSON: Oh, go ahead.

MS. SEYMOUR: And you talked a lot

about -- well, first of all, if someone has an allegation of sexual assault, you get sent to segregation, among other things.

What is the sense of other women in Fluvanna in terms of feeling that if you report a sexual assault or a rape that you will be punished in some way? Is that -- you spoke about it very eloquently. What's the feeling of others?

MS. ANDREWS: I think that there are going to be a few that try to use sexual assault as a manipulative practice, to go back to what you asked him. I think that there are a few that were going to use it against an officer or use it against -- but I think that the majority of the people that actually come forward and actually state that there's an actual issue, the majority of them actually have an issue.

You don't have to have marks on your body to prove that there's been a sexual act, especially between you and an inmate. You don't have to show physical signs that things went on, especially between females, and even a female and a male officer at a different time.

Things are so secretive that it's very hard to tell, on an officer especially, because I guess their policies of investigating are so -- either I say nonexistent because they have an investigator, the same investigator that investigates all the -- you know, all the allegations and there's no medical backup behind it. There's no mental counseling behind it. There's none of that, and you do get sent directly to seg. You do stay there.

They do come and talk to you in seg, and then they decide -- I mean people that weren't even involved decide whether -- if they don't think it's a -- if you make a -- I've known people that have made accusations against officers. The officers get moved to another building. You get sent to seg for a certain amount of time. You stay there. You get out there. He's in one building. You're in another building, and you still have to live with him. You still have to live with the friends of this officer and you still have to be there with him or females. I mean there's females that do the same thing as the males. I'm saying "him," but I mean it's both sided.

DR. WILKINSON: Gary?

DR. CHRISTENSEN: In your testimony, you mentioned several times that either close friends or cellmates had endured sexual misconduct as well. Did they report those?

MS. ANDREWS: The first one in 2003 and 2004, she didn't report it. That's why the guy's probably still working in DOC and been advanced.

I have had one other friend that reported it and exactly what I just said happened. She went to segregation. She got out of segregation. The officer got moved to a different building and she got let out of segregation after about thirty days.

DR. CHRISTENSEN: So when things like that happen, it's common that she or you or anyone suffers repercussions from the rest of the staff?

MS. ANDREWS: Oh, very common.

DR. CHRISTENSEN: Is there any confidentiality afforded you as far as your allegation, when you come forward, or is it --

MS. ANDREWS: Nothing's confidential in prison.

DR. CHRISTENSEN: Is it broadcast? I mean how do you people find out other than the normal grapevine, you know --

MS. ANDREWS: Well, I mean inmates tell inmates, but officers spread just as much rumors as inmates. So an officer will tell an inmate. An inmate will tell an inmate. I mean nothing is private in prison, trust me.

DR. CHRISTENSEN: So very quickly --

MS. ANDREWS: Very quickly.

DR. CHRISTENSEN: -- everybody knows that you've made an allegation?

MS. ANDREWS: Everybody. I mean you can be in building one and building five knows about it two hours later.

DR. WILKINSON: You mentioned -- you talked about self-esteem while you were talking about exchange of services. I think that was a very diplomatic way of phrasing what I think what you really mean, but can you talk a little bit more about that, especially the self-esteem piece because I mean you --

MS. ANDREWS: Well, first of all, you --

DR. WILKINSON: -- I don't want to put words in your mouth.

MS. ANDREWS: -- come into jail and prison with very low self-esteem. You've been incarcerated for a crime that you committed and of course yourself -- your personal self-esteem is very low, but not only that, you have officers and inmates that, for whatever reason, will degrade you in one way, shape or form by things they say or things they do. So yourself, you feel like you have no sense of worth. You're locked up. You're away from society. You have no way to even gain self-esteem, so to speak, because you're incarcerated. And that's what you internalize in your mind. "I'm incarcerated. I'm not worth anything. I've lost everything," you know.

So when you come into a prison system like that and an officer or an inmate gives you unwanted attention or unneeded attention, I should say, then a lot of women are going to give into that. A lot of women are going to say, "You know what? If I can" -- in their minds, they're enjoying the

attention. So it builds their internal -- I say self-esteem because it gives them some sort of satisfaction within themselves, saying, "Well, somebody's still interested in me and somebody still cares about me and somebody might, you know, still be involved in my life and maybe my life's not a pure failure because somebody is interested." And I think that that's what I mean by that.

I think that people -- they want attention and they want what they -- and some people want what they can get from the attention. So just depending on who you are and what you want, you know, inmates don't have a lot of self-esteem and so I guess sexual advances by anybody or even sexual suggestions by anybody would make you feel a little bit better.

DR. WILKINSON: So this exchange of services is kind of a quid pro quo in terms of you can better your circumstances?

MS. ANDREWS: Well, I mean, you can maybe if you're messing with an officer that does the timesheet, you'll get thirty hours a week. If you get an infraction, they might rip it up. If you -- if

you're with them and they know that something's about to happen, a shakedown, you know, if they know that things are upcoming in the events, they'll let you know about it. I mean there's things that -- exchange of services, I mean you give them one thing, they give you another. I mean it works all the time. That's the majority -- that is the way that most things work.

I mean a lot of times it's not forceful rape between officers and women, you know, or inmates and inmates. A lot of times it's just exchange of services or just people are lonely.

MS. SEYMOUR: I would still call that forcible, but that's a whole other discussion.

MS. ANDREWS: I'm talking about violent --

MS. SEYMOUR: Yeah. Yeah.

MS. ANDREWS: -- you know, violent.

MS. SEYMOUR: Yeah.

I, being the one that visited Fluvanna, I mean there's a very good -- what I consider to be a really great protocol for responding to rape and sexual assault, both in medical and then follow-up immediate and follow-up mental health counseling very

impressive.

MS. ANDREWS: Really?

MS. SEYMOUR: Why was this not followed in your case? Any idea?

MS. ANDREWS: I don't know. Well, first of all, it wasn't at Fluvanna in my case.

MS. SEYMOUR: Oh, that's right. That's right.

MS. ANDREWS: I was at Virginia Correctional Center.

MS. SEYMOUR: Right.

MS. ANDREWS: So that was the first thing. The other thing is --

MS. SEYMOUR: Was there a protocol then, Ms. Andrews?

MS. ANDREWS: I don't know. It was 2003 and 2004. I'm not sure about when protocols came about. I was incarcerated for eight-and-a-half years. So I'm not real sure when the protocols came in and when they didn't. I'm very aware of when the PREA cameras got installed. So I don't know if protocols became an issue then or if they were or weren't prior to that.

I think that if you had some kind of violent sexual act, that they would immediately maybe follow those protocols, but I think anything that's reported and you don't have, you know, visible signs of what's going on, I don't think --

MS. SEYMOUR: Which is nearly every case.

MS. ANDREWS: Which is nearly every case, that they're not going to follow that protocol. They haven't in any -- not in one incident that I've seen and I was incarcerated for eight-and-a-half years. So I've seen quite a few.

DR. CHRISTENSEN: Manipulation has been talked about quite a bit and I guess we'll continue to talk about it. Did you ever witness anyone or hear of people specifically manipulating --

MS. ANDREWS: Yes.

DR. CHRISTENSEN: Could you describe one or two of those instances?

MS. ANDREWS: I think that sometimes women would get upset at their boss or their -- or other people, an officer or whatever, and they would say things because they were angry. You know, I think

that -- I mean that happens out here just like it happens in there.

DR. CHRISTENSEN: Uh-huh.

MS. ANDREWS: As for -- you know, I don't agree with the fact that you come in and you do a huge survey or you come in and a whole bunch of people talk to inmates and all of them are manipulating you.

I think that the majority of the inmates, if they're going to go talk to somebody different or if somebody comes in and they have conversations with them, outside people like DOJ people come in or the head of DOC comes in or whatever, I'm -- I think some people would manipulate to try to get out of their wing or whatever, but the majority of people are really just trying to better the situation.

The majority of the people are really telling the truth. They're really telling you exactly what's going on behind closed doors, in the institution when everybody else is gone, when it's just the officers there, when it's just the staff there. They're telling you really what's going on. It's just the officers and the higher ups want to

claim that it's all manipulation. It's not.

DR. CHRISTENSEN: From your perspective, could you explain, and from the perspective of being an inmate in that facility, now formerly incarcerated, can you explain the pros and cons of manipulation? So the benefits to manipulation and then once somebody manipulated someone, what the consequences were.

MS. ANDREWS: Well, I think that you can go in -- I think a lot of people will manipulate officers or their unit managers to get what they want done within the system. They'll go -- I don't -- they'll go to officers or inmates and manipulate them in one form or another and say, "Somebody's bothering me. I have a girlfriend in this wing. Let me move to -- can I move somewhere else?" You know what I'm saying or manipulate their way around to get jobs and to do that.

Now, I don't personally know of any inmate whatsoever that's went to the head of DOC or written letters or talked to the Department of Justice or written letters to outside people that were trying to get something from them, other than to be heard, and I

was part of the people that wrote to get the thing in the paper when it all hit, when things went downhill a couple years ago, and everybody that wrote, they weren't trying to get anything out of it but just to be treated right. And I think that the majority of the time, people take wanting to be treated right as manipulation. Because they're inmates, because they're incarcerated, we're already stigmatized, that were liars or cheaters or thieves, so don't believe anything they say.

DR. CHRISTENSEN: And were manipulators also placed in seg, just like --

MS. ANDREWS: Yes.

DR. CHRISTENSEN: -- anyone else?

MS. ANDREWS: If they were caught. If they were caught manipulating and they were caught lying. See, everybody goes to seg that makes an accusation, not just the manipulator or not just the people that are telling the truth.

DR. CHRISTENSEN: So even if --

MS. ANDREWS: So they all go.

DR. CHRISTENSEN: -- so even if a

manipulator wasn't caught, just by virtue of the fact that they made --

MS. ANDREWS: They made the accusation. They would go to seg too.

DR. CHRISTENSEN: -- the allegation, they'd go to seg. So they're actually decreasing their privilege --

MS. ANDREWS: Exactly.

DR CHRISTENSEN: -- in the facility --

MS. ANDREWS: Exactly.

DR. CHRISTENSEN: -- if they choose to manipulate.

MS. ANDREWS: Exactly.

DR. CHRISTENSEN: So that's a downside of manipulation?

MS. ANDREWS: Yes.

DR. CHRISTENSEN: Thank you.

MS. SEYMOUR: In your testimony, you talked about what to me sounds like pretty verbally abusive behavior by staff who are still at Fluvanna, and I guess my question is how does this affect -- not, well, of course the culture of the institution, but

also reporting when you're called some of the words that you -- from the examples that you gave us?

MS. ANDREWS: It affects it greatly. People are not going to report to people that they think are not going to listen or if they think that they are going to have -- excuse me -- adverse repercussions.

MS. SEYMOUR: I mean if I was called a bitch, that would -- I'm pretty sure you wouldn't listen to me. So --

MS. ANDREWS: Yeah. And that's not just a one time -- that just wasn't said once in one wing. I was in the wing that it was said and it was said in quite a few other wings too. I'm not sure every wing, but I know it was said in quite a few, especially in building five --

MS. SEYMOUR: In building five?

MS. ANDREWS: -- at that time. That whole building five at that time was a very -- not very together building.

MS. SEYMOUR: Can you talk about building five a little bit more, please?

MS. ANDREWS: Well, the time that I'm

talking about is during the time that came out in the paper. They segregated all the butch inmates into D wing. There's four wings, A, B, C, D. They segregated all the butch girls that had short hair or sagged their pants or looked like boys, grew facial hair, whatever the case may be. Put them all in one wing thinking that it would stomp down relationships between them and their girlfriends, and the truth of the matter is, is they just continued relationships and then they wrote about it because they were segregated.

Not only that, they -- you know, if they're having inmate-inmate relationships, they'll send them to SLU, which is a structured living unit, and keep them in there for months at a time and they don't have to have a ticket for that. They would take groups of them up there to stay and then let them out one at a time after they complained enough, after their family called enough, after -- you know, I don't know if it's still going on today. I just know what happened up until July of 2010 when I left.

DR. WILKINSON: We could probably have a lot

more questions for you --

MS. ANDREWS: Probably.

DR. WILKINSON: -- but I'm struck by what you said earlier where you said that if you were there again, you wouldn't tell because you wouldn't want to go to segregation.

MS. ANDREWS: I wouldn't.

DR. WILKINSON: Thank you for your testimony.

MS. SEYMOUR: Very much.

DR. WILKINSON: We appreciate you being here.

DR. CHRISTENSEN: Thank you.

MS. ANDREWS: Thank you.

DR. WILKINSON: We're going to adjust the schedule and take a short break. So five minutes.

(Whereupon, at 9:47 a.m., a brief recess was taken.)

DR. WILKINSON: We will get started.

Our next witness is Ms. Helen Trainor. Ms. Trainor is the Virginia Institutionalized Persons Project, Legal Aid Justice Center, past director of

that organization and I understand you accompanied Ms. Andrews here or --

MS. TRAINOR: No. I actually never met her.

DR. WILKINSON: Oh, you never met her. Okay. All right. Well, sorry for that misinformation, but thank you for being here.

Let's swear you in so we can get on with your testimony. If you'd raise your right hand.

Whereupon,

HELEN TRAINOR

was called as a witness, and having been first duly sworn, was examined and testified as follows:

DR. WILKINSON: Thank you.

MS. TRAINOR: Thank you.

Before I begin, I want to just thank you for allowing me to come and testify and talk with you a little bit about what I know as a result of work I did in Charlottesville, Virginia, during the years of inquiry between 2007 and 2010.

I want to emphasize that I have never met the witness who testified prior to me, nor had I read

her testimony prior to her testifying, and so I think as I go through my testimony, I think that's something that needs to be put on the record.

I'm the former director of the Virginia Institutionalized Persons Project for the Legal Aid Justice Center in Charlottesville, Virginia, where I worked from May 2007 to August 2010. To my knowledge, the VIP Project is or was the first attempt in the history of Virginia to look at the conditions inside Virginia's prisons and jails, with the idea of trying to bring about some systemic reform.

I also served as a clinical adjunct professor of Mental Health Law and Prisoner Rights at the University of Virginia Law School, and I have served for many years as an Assistant Federal Public Defender in Miami, Florida. I've argued over fifty cases in the United States Courts of Appeals, and I came to Washington, D.C. in 2002 as a United States Supreme Court Judicial Fellow.

I was semi-retired until moments ago, and I came here to tell you what I know about Fluvanna Correctional Center for Women, which I will call FCCW

in my testimony.

During the three-and-a-half years I worked in Virginia, I met with approximately one hundred women, perhaps more, and corresponded with 150 or more women. The primary focus of my work at FCCW was civil rights work. It was to investigate the medical conditions primarily there, also the treatment of disabled inmates, hearing impaired, sight-impaired inmates, and also the treatment of lesbian inmates.

So what I'd like to do is start with the back end of my testimony, the executive summary, and then I will list eight practices and policies that I believe serve no purpose other than to degrade and intimidate the inmates at FCCW.

Of all the complaints about sexual misconduct I have heard from inmates at FCCW, the complaints relating to officer-on-inmate misconduct outnumber those of inmate-on-inmate misconduct approximately ten to one. It is therefore striking to me that the list of policies and practices, some of which you have just heard about, some of which I will elaborate on, it's therefore striking to me that these

policies and practices seem to be aimed at deterring inmate-on-inmate sexual misconduct, rather than the true source of the problem.

I believe these policies and practices actually serve a dual purpose. The first being that they create the illusion that inmate-on-inmate sexual misconduct is an issue, thus deflecting the unwanted attention FCCW received as a result of a recent sex scandal involving a major. And second, by creating a culture of degradation, shame, and intimidation, they ensure that sexual victimization of inmates by officers will continue unabated and unchallenged.

The brief profile of how we got here. When FCCW was first opened in the late 1990s, it was regarded actually as one of the most progressive institutions for women in the country. Since I know some of you have been there, I don't need to describe its campus, but it's basically an open campus and it consists of a number of two-story buildings that encircle a park-like area. It looks kind of like a college campus. And its mission was to provide an opportunity for troubled women to grow educationally,

vocationally, and spiritually, and to make better choices for themselves.

Also, during this period of time that is prior to this Panel's inquiry, FCCW enjoyed a respectful relationship between prison administrators and security staff and the inmates. There was a near perfect security record and a very low rate of recidivism.

FCCW houses women who have committed a variety of crimes, anything from selling Oxycontin to committing murder. Most, if not a majority, have been victims of domestic violence, either by partners or by spouses.

FCCW is a level three out of a possible six levels of security in Virginia. It's a medium security prison, and it's only one of two prisons in Virginia for women. More than two-thirds of the prisoners are African American and I -- as I'm telling you what seem to be clear statistics about population characteristics, please understand that these are only estimates based on the numbers of women that I've talked to because the Department of Corrections in

Virginia, as in other states, is exempt from state Administrative Procedures Act. So it is very difficult to get information about exactly who is there, certainly why they're there, except what is offered on the website, and so the best I'm able to do here is to relate what I conclude to be the truth based on what I'm -- what I was able to learn.

Two-thirds of the prisoners are African American, I believe. The majority at FCCW are older. They're thirty-five years or older because many of them are serving very long sentences. Twenty years is the median sentence. The majority of correctional officers are African American male and thirty-five years or younger.

Now, the years that this Panel is looking at. Around 2009 a new assistant warden and a new major were hired. The major is charged with maintaining security in the prison. It has never been clear to me what his reporting relationship to the warden or the assistant warden is, but he appeared to have complete autonomy to change the conditions of incarceration if he believed that the security needs

warranted it.

This particular major came to FCCW from a previous position at Nottoway, which is a level-four prison for men and one of -- considered one of the most dangerous prisons in Virginia.

I'm now going to list the eight policies that I mentioned earlier that were implemented by this new major that I believe serve no purpose other than to degrade, humiliate, and intimidate the inmates.

One, referring to women in degrading terms. One of the first changes the new major made was to change the language of respect between security officers and prisoners. In my files, I have a copy of an email he wrote to staff in which he refers to inmates as mother f'ing bitches, whores, and dopers, and describes his intent to transform FCCW into a higher security facility, which he believed was consistent with the range of crimes for which the women were incarcerated.

Moreover, correctional officers routinely referred to the wing in which butch women were housed as "the locker room" and to the women there as "little

boys." One woman with facial hair was told to, "wipe the dirt off your face."

Two, requiring women to wear tight clothes. New inmates during this timeframe were instructed to go to the clothing storeroom to get the appropriate prison garb. Male officers were stationed outside the fitting room and were permitted to send the women back into the storeroom if the garments were not sufficiently tight-fitting to suit the officer.

Three, punishing women for looking butch. Unit managers were authorized to identify -- unit managers were authorized to identify women who looked butch on the basis solely of their appearance, notably a preference for wearing baggy clothes and having short hair. The assumption, I assume, was that women who looked butch were, in fact, sexual predators and should therefore be punished. The major created a new wing in Building Five for these women. This wing was in permanent modified lockdown and the women housed there were placed on the list for educational and vocational opportunities.

Four, punishing women for having any

physical contact with other inmates. All of the inmates, whether or not deemed butch, were punished for any exchange of affection, whether they threw hearts in the air on the way to chow, embraced each other for comfort or solace or exchanged a hug in the context of religious observances.

Five, restricting toileting. The major also decided that women were congregating in the bathrooms at night, notwithstanding lockdown conditions at night, and so he instituted a policy of restricting the use of restrooms during the night lockdown hours. FCCW only has dry cells, with restrooms located at the back of each dormitory. Under the new policy, the inmate was required to notify the officer on duty of the need to use the restroom. The inmate would then be placed on a list of others waiting to use the restroom with a resulting wait of up to two hours. A number of elderly inmates or inmates on diuretics, which is a large number actually, due to diabetes and high blood pressure, were forced to urinate in any container they could find in their cells, even though it meant an immediate transfer to segregation.

Six, increased use of segregation as punishment and for retaliation. The administration designated the entirety of building eight as segregation, substantially increasing the number of isolation cells at FCCW. Prior to the new administration, inmates who committed minor infractions, such as having a couple of pairs of glasses in their cells instead one authorized pair, would just receive a ticket. Under the new policies, minor infractions were punishable by days in isolation.

I know of at least three inmates who worked with me on the butch issue and who also spoke to the press about those practices who were sent to building eight for months at a time.

Moreover, Wing A of building eight is designated as a step-down unit from total isolation. Conditions in Wing A are nearly indistinguishable from conditions in the other wings, except there's double bunking and the inmates can at times congregate, but what this does is allow the administration to adhere to the rules that limit the amount of time a person

can actually stay in isolation for any single infraction by moving inmates out of total isolation to step-down and then back again to total isolation without having to violate the rules on limited time in isolation.

Seven, degrading conditions in segregation. There are two types of isolation at FCCW. There's administrative segregation in which the inmate lives in a regular cell and wears her own clothes, has access to programming in her cell and she can bring in books and personal items. The other type is a stripped cell in which the inmate wears a paper garment and the cells contain only a padded bed with restraints, a sink, and a toilet. There's a drain in these cells so that if the inmate smears feces or menstrual blood on the walls, the cell can be easily cleaned.

The major instituted a new policy in both these types of segregations of requiring officers to lead inmates to showers or to recreation on a dog leash.

Eight, using medical care to demean and

objectify inmates. One, denying inmates privacy during medical consultations and examinations. In order to minimize the number of occasions in which women might have an opportunity to exchange affection, the major instituted a policy of holding sick call in the officers' locker rooms. This policy forced inmates to disclose their medical problems and submit to medical exams in the same room used by the officers for breaks and for storage of their possessions.

The medical director conducts rounds in the infirmary once a week and this is accomplished by his standing outside each multi-bed ward and yelling across a glass partition, "Ms. Jones, how are you doing today? Ms. Smith, how did that hernia operation go?"

I know of one inmate who learned that she had HIV because another inmate had seen her medical record.

Two, denying women the right to participate in their care. Inmates are not allowed to play any role in their medical treatment. They are not told of the results of diagnostic tests, nor how they might

assist in their treatment, nor why certain medication or procedures are either prescribed or not prescribed. There is no such thing as informed consent at FCCW.

One inmate had asked for diagnostic tests for a serious cough for over two years and when the tests confirmed that she had stage IV lung cancer, the only notification she received from the medical director was, "You are in God's hands now."

There is more in my written testimony that you have in the record, but my prayer is that that gives you a fair overview of conditions that I know about.

Thank you.

DR. WILKINSON: Thank you for your testimony. Are you a lawyer?

MS. TRAINOR: I am.

DR. WILKINSON: Okay. Having been a warden at a prison and managed a large corrections system, if allegations like those were -- surfaced in my state, I'd be in federal court the next day. You know, I mean what are the external options available? I mean it would either be that or the -- there would be a

CPRA investigation. There would be a number of things and I just don't understand why, you know, either that hasn't happened if all of these allegations are true or what?

So can you explain that from a legal point of view of --

MS. TRAINOR: Sure.

DR. WILKINSON: -- you know, where we are, not to that point or something?

MS. TRAINOR: Yeah, it's a good question and it deserves a more complex answer than I'm going to give it.

There are no incentives for lawyers to bring civil rights suits on behalf of prisoners. Very few of them -- very few lawyers can afford to represent an inmate because the laws of sovereign immunity protect everything except the most egregious kind of intentional violation of civil rights, and so that leaves not-for-profit organizations, such as the one I worked for, that are chronically underfunded and especially in the last couple, two, three years, even the organization I used to work for has had to let go

of most of the attorneys associated with it.

More than that, there is -- insofar as your question suggests that the Justice Department might take a look at some of the issues in the systemic way that I raised, I don't have an answer to that and my -- the reason I'm here, in fact, is the hope that in some way I might spur some additional oversight from the Department of Justice.

I can tell you this. I was the only person in Virginia to question these policies, to attempt to do something about them, and the reason I'm here today and not still there is that after three-and-a-half years, I couldn't survive it emotionally and psychologically. I mean you can't do that alone.

MS. SEYMOUR: Thank you for testifying today.

MS. TRAINOR: You're welcome.

MS. SEYMOUR: It's much appreciated. The eight policies you talked about, can you just give us an idea of if they -- if you think they are connected to underreporting or reporting of sexual assault within the institution?

MS. TRAINOR: I have to truthfully say I don't know. I can say this. The holding of women essentially hostage to their medical problems or using medical care as a tool to further intimidate and degrade women is part of a problem that is much bigger than FCCW.

So, for example, in my files I have a memorandum from the Chief of Health Services in Richmond, which is a directive to all medical personnel throughout the system that says, in so many words, medical care is to be denied from here on out unless the inmate, one, is either in imminent death, near death or permanent physical disability.

So the restriction on the -- on medical care is part of a policy that extends beyond FCCW, but at FCCW, there is an additional use of or advantage -- taking advantage of that institutional policy in that the medical director there, in conversation with me at the time when I first started to practice and I was trying to get some care for a couple of inmates, told me that he didn't believe that the inmates there were actually physically ill, that

in reality -- he pulled out his Bible and pointed to the Book of Proverbs and said in reality, pointing to a particular biblical verse, he believed that they were actually suffering from their sins and that their illness was just a physical manifestation of the true problem.

And so I regard that as a gross, you know, under evaluation of the seriousness with which, you know, the complaints exist and when they are made are devalued, debunked, and covered with rhetoric.

That's not a great answer, but I can't really speculate beyond that, beyond what I know.

DR. CHRISTENSEN: You referenced -- in your testimony, you referenced several documents. One was an email from the major to the entire staff. I'm wondering if you can offer those into evidence.

MS. TRAINOR: I will. I'd be glad to. I don't have access to them at the moment. They're in the files in Charlottesville and I live in Massachusetts right now, but if this Committee would like to see them, I'd be glad to produce them.

DR. WILKINSON: Tell me what you meant

when -- refer to you as the past director of this, you know, nonprofit agency. It's nonprofit, right?

MS. TRAINOR: Correct.

DR. WILKINSON: Okay. That you were retired until a moment ago.

MS. TRAINOR: Yeah, I left the job. I left the job in August of 2010. The organization for which I worked is called the Legal Aid Justice Center. It's located in Charlottesville, Virginia. It has a number of different areas of concern. I was hired to start a new Prisoners Rights Project and I did that for three-and-a-half years until I have semi-retired.

DR. WILKINSON: So you're back in the business?

MS. TRAINOR: No, I'm not back in the business. I'm a pastor actually.

DR. WILKINSON: Oh, you are?

MS. TRAINOR: Yeah. So now I'm in the business of pastoring.

DR. WILKINSON: Okay. Good. Well, your testimony speaks for itself. We do have it in record and we thank you so much for --

MS. TRAINOR: My pleasure.

DR. WILKINSON: -- for being here and should we -- we'll follow-up with you, you know, to --

MS. TRAINOR: Sure.

DR. WILKINSON: -- you know, see if we can, you know, get some of the other documents that --

MS. TRAINOR: Oh, it'd be great. Yeah, remind me, would you?

DR. WILKINSON: Okay. Yeah, the staff will.

MS. TRAINOR: Thank you.

DR. WILKINSON: The staff will. Thank you very much for your testimony.

Our next witness is Dr. Barbara Owen from the -- Professor of Criminology at the University -- California State System actually in Fresno, so thank you very much for being here. I know you've been listening intently.

So let's swear you in and then give you the microphone. If you'd raise your right hand.

Whereupon,

BARBARA OWEN

was called as a witness, and having been

first duly sworn, was examined and testified as follows:

DR. WILKINSON: Thank you.

DR. OWEN: Thank you, sir.

Well, those of you who know me know I always have lots to say. I've submitted a detailed testimony and I think in the time I have available to me, I'd like to go over some of the highlights of my written testimony, plus some responses to the earlier testimony.

I too want to thank the Panel for convening this hearing and asking me to come. As Allen said, it is an honor to speak to this very important issue.

I'm testifying as a prison sociologist. I've been doing research in women's prisons since the mid-1990s. My involvement in PREA came through work with the Moss Group in doing a study of staff perspectives when the PREA Act -- two A's there -- when PREA was first passed where I, with my colleague James Wells and many other consultants, research consultants with the Moss Group, went around the country and interviewed staff. There were several

female facilities included in that work.

Then I did a -- again, along with James Wells, a three-year study of the context of gender and sexual violence and safety, working in four states in both jails and prisons, which I believe was a unique aspect of our study, including jails, again, for women only. And currently I'm part of an NIC project where we're attempting to create measures of perceptions of safety. My most recent work also informs these activities.

I've been a consultant to the Kingdom of Thailand on a UN initiative to establish a human rights approach to managing women's facilities, and I think I'd like to submit that to the Panel. This was voted on by the UN and it's now an international standard about the specific treatment of women in prisons and there's quite a bit of language about sexual safety and staff issues in those documents.

Today I want to talk about issues unique to female facilities, and I'd also like to applaud my colleagues at NIJ for oversampling in women's facilities and all this boring stuff about

oversampling and statistical stuff, which, you know, we actually think is interesting, really serves to make a point. Not only is sexual violence rare in both female and male facilities, female facilities are such a minority representation and when you do all that fancy stuff, and I want you all to read about the logistic regression discussion in Allen and Paige's report, you really understand you have to pay separate attention to the issues of women or they get lost in the discussion of men. And I really thank the Committee for allowing so much time with this.

I also want to say that very simply, sexual violence is different for women and men, and when we look at the analysis of half of the findings being explained by individual factors, as Dr. Beck pointed out, we have to remember that means another half is unexplained. And then I'm going to talk about the contextual factors that help that.

I also want to point out that we've heard a lot of testimony about the conditions in Virginia, and they do indeed sound very specific, but I think we also need to take a step back and understand that

these point out trends that nationally affect the conditions for women in prison. And so, again, the law requires the ranking and I absolutely do understand that, but at the same time, I don't want us to see this as, oh, that's a bad place and it only happens there because I think many of the things, both the survivor testified and the woman immediately before me, really draw our attention to paying attention to women's facilities broadly rather than just narrowly.

I'm going to talk in general about our data and analysis. My comments are research-based. We do have empirical evidence. Many of the statements made by Ms. Andrews are echoed in our NIJ report, which is also very long. In this report we conducted focus groups in many, many places around the country, and we have long narratives that almost word-for-word reproduce some of the things that the previous witnesses had to say.

I want to make the argument for attention to context. Again, going back to the statistical analysis that half is explained by individual factors,

I think there's a variety of contextual factors that help us understand not only the causes and correlates, but also more important the prevention and intervention strategies that I believe really are the focus of PREA.

I want to talk a little bit about three very important factors about the situation of women in prison. In my view, that can be thought of in terms of the pathways women travel to prisons and jails. I also want to talk very briefly about the Center for Disease Control and Prevention's ecological model that draws our attention again to levels beyond the individual, to relational issues, community and institutional issues, as well as social issues surrounding the conditions of women in prison.

Our findings show that both inmate-inmate victimization and staff sexual misconduct occurs on a continuum, and when we take this prevention or intervention approach, it's almost like the broken windows philosophy of stop the small stuff, and I think probably the most single indicator of that is staff verbal harassment. When we hear the reports,

again nationwide, of the terms that are allowed to be used in addressing women, and I just want to footnote they're often used to address female staff as well, there's a tolerance for that type of language.

And as a personal aside, I was in a facility fairly recently and it was dark and a staff member approached me, couldn't see me from the back, and essentially said, "You stupid bitch, what are you doing out of the cell?" And I turned around and said, "Free person," and this officer ran away. And so I think when these kinds of things are said, it points out to a real concern, and again, we can see Fluvanna as a case study, but I want us to broaden our approach and understand that the type of language used to address women in these facilities is part of this continuum that allows this to continue.

I was also in another facility not long ago where an officer in total innocence came up to me. I was there on a research project and came up to me and said, "Why do you care about these bitches and whores?" And I think the fact that a stranger -- and I was dressed like a grownup. I mean I could've been

the attorney general for all he knew and the fact that he was allowed to address women that -- with absolutely no one blinking I think really points to these kinds of issues.

Part of this approach really centers on the critical role staff members play. I think staff members play a very important role in supporting this context.

The testimony, the BJS NIS-2 findings, as well as our own research, really points to the fact that sexual violence for women requires its own definition, and I think my colleagues at BJS have done an amazing job of detailing the eighteen indicators, the different definitions that separate out victimization, abusive sexual contact, as well as the indicators of staff sexual misconduct, but I just want to draw your attention to some of the gender dimensions of the NIS-2 findings.

The higher levels of inmate-inmate among the women, again, primarily in abusive sexual contact, shows the different definitions that women have of sexual abuse that aren't shared by men. I think, as

on page eighteen, it says, "The net effects of sexual orientation and prior victimization explain a good proportion of these outcomes," and those kind of fancy statistical models really draws our attention to issues of sexual identity among women, really draws our attention to these issues of self-worth, of self-identity, of sexual images, and I think as some of the previous testimony pointed out, that this notion of sexualizing women is very different than it is for men.

Women have more single victimizations than men, and again, pointing out to the gender definition. Persuaded and pressured I think have very different meanings for women than they do men and those terms show up in the inmate-inmate findings as well as the staff sexual misconduct, as well as the fewer injuries, and again, I think this directs our attention to understanding this in the broader context rather than individual level explanations.

Three particular aspects of women's pathways to prisons I think inform our understanding. The first is the notion of relationships and prior

victimization. In my previous work for NIC in the area of gender responsive strategies, this notion of relationships was central in understanding how women do time, understanding that women seek relationships with other women and just as they seek relationships with staff, and to me, those are fundamental values that should be present in training and understanding what that relationship seeking is.

I think the idea of relationships also draws our attention to the difficulty of distinguishing among the different types of relationships. It is a very complex issue talking about consensual relationships among the women. As Brenda Smith, a member of the Commission, has pointed out in some of her rather provocative writings, the idea of sexuality inside prisons, and I think that makes us all very nervous. It's very easy to say, well, there'll be no relationships. Well, good luck with that. I think as we continue to criminalize and punish those relationships, we get the kind of conditions that the two previous witnesses described.

This issue of prior victimization, again,

statistically is an important predictor, shows up in the NS-2 data and also in the really important studies of Nancy Wolf and her colleagues in New Jersey, and in those papers, they make a very, very insightful argument about what this means. What does prior victimization mean?

As one of the women in our studies pointed out, it's like women run around the yard with the word "victim" flashing on their forehead. What does that mean? Is that definition of self? Is it risky behavior? Is it not being able to push back or protect? And I think, as Ms. Seymour as a victim advocate knows, victim services talks a lot about that and I think there's some policy and program recommendations in here in the issue of prior victimization.

Study after study for the last twenty, thirty years points out that women have more reported victimization than men, both as children and as adults. The issue of interpersonal violence is a common thread in their lives. That's not to say it isn't in the men. We just have the research

documentation for the women. And I want to suggest to the Panel that some of the inmate-inmate violence that we see in the prisons can be thought of as interpersonal violence, can be thought of replicating domestic violence. I also think that happens with the men too. I just don't have such an empirical base to make that argument, too.

I think the issue of victimization and re-victimization directs our attention to inappropriate sexualization through violence. The idea of defining yourself as a victim and that your sexuality is all tied up in that explains some of the inmate-inmate victimization. I think there's a potential for reproducing abusive relationships for the women who grew up in those and experienced that. They reproduce them through their relationships with other inmates and with staff, and I think it also underlies the mental health struggles that women have while they're incarcerated.

This notion of self-image, of self-worth I think is particularly critical and needs a gender analysis, and again draws us to the complexity of

sexual identity.

I have two comments and I mean them very, very gently. I think we confuse the notion of sexual predator with women. I think we need a new term for that. Our data and many other studies show that these roles are interchangeable for women and these individual level screenings, which I think can help us with half of the explanation, but defining women as sexual predators, I think, is a little slippery slope.

I also think, sir, very respectfully, this is true of the ill-fitting term "manipulation," and I understand the reason we use it. All our concepts are shorthand, but I think this notion that women are some kind of magical creature that can magically make people do things, I think needs a little bit of unpacking here.

Beyond these individual factors, the contextual facility factors, I think, go a long way in explaining the other half that the individual level indicators don't. Staff and inmate cultural support for all forms of violence, levels of tolerance of derogatory and sexual comments to inmates, I think is

the first step of this culture of degradation and shame and intimidation described earlier.

Our NIC study currently is creating measures of safety held by inmates and staff, and I submit that these perceptions of safety are almost as important as these individual allegations. How safe do women feel? All this is underpinned by general attitudes toward women and I'm sure some of my female colleagues who work in correctional institutions can have their own version of this.

We've heard testimony about inmate confidence in reporting and in investigation, and I feel pretty strongly that both under and over reporting is different for women and men.

There's several implications for staff misconduct here. Status of material issues related with relations with relationships with staff are very real. Being a girlfriend of a staff member carries a lot of juice in a facility and everybody knows. In our interviews, again, in many places around the country, people knew who was going with who, and I think there's a gap between what administrators might

know and what actually happens.

I think women have a different response, again due to their prior victimization and perhaps PTSD in dealing with pressure from authority figures, particularly male. I think women often seek validation through relationships with authority figures and I think there's enormous fear and trust issues regarding revealing sexual activity.

Again, the net effects of sexual orientation and prior victimization described in the NIS-2 data, I think, lead us to question these things as well. These things are mediated by the correctional environment, and again, they only partially explain these variations and we need to pay attention to this.

My testimony has a lot of discussion of women's prison experience, particularly subcultural differences between women and male facilities. A very common term you hear in talking about life in women's prison is there's a lot of drama and I feel that this, too, kind of dismisses women as stereotypical and covers up some of the very real conflicts at issue.

Again, I need to reinforce this, that

emerging research indicates distinguishing from consensual and coerced sexual relationships is extremely difficult in women's facilities, and again, I echo Brenda Smith's caution about criminalizing this.

Staff victimization issues I think are complex. I think it's important to note that female inmates are not a homogenous group of passive victims. I believe that women often initiate these for a variety of reasons related to their past victimization, related to their past histories as sex workers for many, and related to the fact that prisons are a scary environment, both for reasons of feeling better about yourself and getting more. The material goods are unequally distributed in prison. There's a lot of status, as I pointed out, in having these relationships.

My testimony contains quite a few recommendations drawn from our NIJ report about using the ecological model to reduce violence. I'm not sure what my time is here. I'm always losing my watch, but these recommendations cover some of the individual

issues. Allen mentioned screening. I want to argue for screening for staff, too. I think there's some very important gains to be made there.

We have recommendations about relationship factors related to programs to address that, as well as victimization and trauma histories. My colleague, Stephanie Covington, advocates for a trauma informed environment, which I think will go a long way to increasing safety in women's facilities.

I think that there's different definitions of safety. It's not just physical safety. It's not just sexual safety. It's also moral and ethical safety that we should strive for in our environments.

In conclusion -- everybody's favorite words -- it's very clear that female offenders are different from male offenders; and family background, criminal history, drug and alcohol use, and prior sexual and physical victimization -- their current lives are shaped by their past history.

Violence in women's prisons is rarely stranger violence, more often takes place within relationships, both between staff and between or among

inmates, but the cultural and subcultural factors also affect the potential for sexual and other forms of violence.

Our reports detailed continuums of violence, both for inmate-inmate and staff sexual issues, and I argue very strongly that while individual factors such as pre-prison victimization and sexual identity exist, they're mitigated or aggravated by these contextual elements I've described.

I urge the Panel to take these factors into account as they further the standards and the development of this Act, and I suggest strongly that the human rights approach and international standards need to be considered. Very often the U.S. does not consider those things. And finally, that these Panel hearings and the NIS data should be the beginning of an inquiry and not the end.

Thank you very much.

DR. WILKINSON: Thank you, Dr. Owen, for your testimony, and for the record, if you could share the documents that you referenced to --

DR. OWEN: I would be happy to.

DR. WILKINSON: -- with us, especially the UN document, and I know you abbreviated your testimony here, so --

DR. OWEN: I've got a lot to say.

DR. WILKINSON: -- thank you for that, but the one thing I think is true, we're going to have to change our whole language and lexicon about --

DR. OWEN: Thank you.

DR. WILKINSON: -- you know, some of the things that you've -- but nevertheless, we do have a few minutes for testimony.

Gary, you want to start out with any questions?

DR. CHRISTENSEN: Nothing right now.

DR. WILKINSON: Okay. Do you have any questions?

DR. OWEN: And I didn't mean to be mean to you.

DR. WILKINSON: No, no, no, no.

MS. SEYMOUR: You didn't mean to manipulate. No. You had me at broken windows. I really am -- it seems that so much of what we are talking about today,

what we heard from the previous witnesses and certainly what this whole Panel is about is stopping the small stuff, and I'm quoting you and I really appreciate those specific words. And to me, as a victim advocate, I just think about the cycle of violence, the domestic violence, that you don't start with a, you know, horrible battering. You start with the verbal abuse and you work your way up to something horrible and it seems that what we're -- we heard from witnesses and from your level and the evidence actually backs real life is that verbal abuse is a serious problem that in the broken windows theory, it obviously can escalate.

So I mean that's a statement more than anything, but I'm glad you made it and I just think that when you talked about contextual facility factors, that to me is a huge one, that if you allow that, you're just opening the door and it's worse than a broken window. I mean --

DR. OWEN: Thank you.

MS. SEYMOUR: Sorry. That was a statement and not a question. I meant it to be a question.

Come on Reggie, you have some.

DR. WILKINSON: You said good luck with trying to criminalize relationships. Say some more about that.

DR. OWEN: And, again, it's very different for the women and the men. I think those of who've worked in men's prisons and when I was at the Bureau of Prisons, I worked at a male facility for several years, when you see -- and again, to use stereotypes, a large inmate with a smaller inmate, a more feminine male inmate, and a, you know, super masculine dude, we're all very worried about that.

When we see women together and this issue of touching -- and when I come to these kinds of things, I kind of count. I think I hugged about seven of you when I came in here, and partly you're my friends and partly I'm happy to see you, and I think when we realize how physical we are in different meanings. If we see the dudes in the yard hugging, it's a different thing and I appreciate the difficulty correctional managers have in this. How can they distinguish between this, but when you make rules against it -- I

was in a juvenile facility some time ago and on every single wall, there was a "No touching. No touching. No touching. No touching. You're going to get locked up." And I don't know how we can control that.

I think classes and treatment on healthy relationships, on boundaries, I think that goes a long way, but as long as we make that, as in the language used earlier, a ticket or a disciplinary, you're locking up women all the time, and so I don't have a good answer for it, but I do think boundaries and healthy relationships.

I'm kind of different than some of my colleagues and advocates who argue for no men in women's facilities at all. I'm not sure where I stand on this. I think men have a place, and I think men kind of have a responsibility about modeling these appropriate boundaries. And again, I'm not very popular in some advocacy circles for making that argument.

I do agree they shouldn't be working in the housing units, particularly at night. I can get behind that one, but I just think this is a point that

we really need the insights of the victim services world to talk about this.

My next book is going to be on women lifers and one of the things they talk about is how when they first came, they thought they had to have a relationship, the loneliness issues that were described earlier, the status issues, having something to do and all that, and they talk about how over time they're done with that, and they realize it wasn't necessarily good for them. I think there's a lot of insights to be drawn from that.

I do believe somewhat in treatment and I think that's some of the things that we have to talk about.

Does that help?

DR. WILKINSON: Well, yeah, but where is the line drawn? I mean, okay, some people like to hug and some people may like to hold hands.

At what point should it be, you know, use your words, you know, criminalized?

DR. OWEN: I think that's where the work is. I think we need something more thoughtful, rather than

the zero tolerance, and oh, you're going to get locked up and oh, you're going to get yelled at because it just pushes it underground, and when we have these congregate sleeping arrangements, when we have situations where women are in close proximity, how do we design things that are humane but at the same time protect women? There are, of course, relationships among the women, and again, I understand the struggle in doing it.

The short answer, sir, we don't have an answer and I think we need more work on that.

DR. WILKINSON: Okay.

MS. SEYMOUR: I'm very interested in your study now about perceptions of safety. I mean, again, I'm in the victim world, so there's a very clear difference between actual fears and perceived fears.

What are some of the things in an institution that would lead to an increase in perceived fears that women may have?

DR. OWEN: Well, we're in the field right now and our survey instrument is derived directly from our qualitative data supported by the NIJ study, and

it's very unusual for another federal agency to say, "Oh, that's interesting. Let's" --

MS. SEYMOUR: Yeah.

DR. OWEN: -- "fund this." So we're under NIC funding now, and we're looking at asking women, "Do you see this happen," directly opposite of the NIS approach which says, "Did this happen to you?" And I actually think they work together very, very well.

One of the things that we really focus on is the notion of place. In every facility, everyone knows the units that are wild and the units that are calm, and actually it kind of is an internal validity check to our instrument. That's where we survey. We do a census of whole units and we meet with the staff and ask them, "Where's your unit where you have the most trouble, and where's the unit where you have the least?" And so far, our measures are showing pretty big differences in those things.

We measure attitudes about verbal, physical, sexual, economic violence. Economic violence is probably one of the most common things among the women. They're stealing stuff from each other. Unlike

the men, we haven't found a whole lot of evidence of sexual trade for debts. It may exist. We're not finding a whole lot of evidence. So we're measuring those different levels.

We also do interviews with staff to try to get some of their issues. In the future, hopefully we'll develop an instrument, but I really see these things come together, the individual level measures as well as these contextual measures, again, and directing our attention to the solution rather than blaming for people for doing things wrong.

It's almost lunchtime probably.

DR. WILKINSON: Gary?

DR. CHRISTENSEN: You referenced several personal experiences and how you were talked to and treated in your research. And I know that you're interested in culture and leadership of these facilities. In your opinion, how does culture and leadership contribute to such an atmosphere or not?

DR. OWEN: Well, one of the things we love to do in corrections is talk about zero tolerance. I think there should be a zero tolerance of verbal

violence, and I think when these reports happen, all of us have walked through facilities, and we've heard staff screaming at inmates, both male and female, and I think the content of that verbal -- so I doubt that male inmates are called on their sexual pasts. I doubt that you ever yell at male inmates for being prostitutes or sex workers or any of those kinds of things. And so I think part of the leadership is zero tolerance for that kind of verbal violence against female staff, too. Male staff refer to female staff in very outrageous terms. So that would be one thing.

I also think there's a lot of training. I was doing a training in a jail unrelated to PREA a couple years ago and I had this very brave correctional officer stand up and said, "No one ever told me I wasn't supposed to talk like this," and that sounds astounding to us, but I think that there should be more attention to that language, and again, it's just -- it's discussion of these things, discussion in training, discussion in management, but I do believe this is a preventable issue, and as Reggie said at the opening, it's the minimizing of it, and I think

management and leadership has a significant role in that.

DR. WILKINSON: I too was interested in Dr. Beck's comment about oversampling the women; however --

DR. OWEN: Makes me very happy.

DR. WILKINSON: -- but one of the things I know from at least my state is that the female facilities had -- the women there had -- in some cases fifty percent of the population had a diagnosed mental health --

DR. OWEN: Absolutely.

DR. WILKINSON: -- you know, problem and haven't heard a lot of testimony about that, but I know that that factors into the well-being of a lot of the women. There's some discussion about PTSD, but there are a lot of other things, battered women syndrome and, you know, post-partum syndrome, you name it. All those kinds of things are out there that will have, in some cases, a long-term effect on the well-being of these women.

DR. OWEN: And the behavior of the women.

DR. WILKINSON: Right.

DR. OWEN: And I think as I --

DR. WILKINSON: This whole notion about mad versus bad, you know, is --

DR. OWEN: No, I think that is true, and I think correctional officers have a really huge challenge and many of them told me, "I didn't come to work in a mental hospital. This isn't why I got in this business," and I think that points to training. I think that points to other levels of staffing, and again, in some ways I think some of these concerns we have about women, it's very easy to talk to victimization, mental health, kind of bellwethers about talking about some of the men too.

DR. WILKINSON: Sure. Well, we appreciate your testimony today, Dr. Owen. It's very enlightening.

DR. OWEN: Thank you very much for having someone like me here.

MS. SEYMOUR: Oh, glad to. Thank you. A five-minute break?

DR. WILKINSON: Yes, let's do a five-minute

break and then we will invite the good people from Virginia.

(Whereupon, at 10:51 a.m., a brief recess was taken.)

DR. WILKINSON: Okay. We'll reconvene the hearing. What I want to do first is to swear you in as a group instead of individually, so if you would all raise your right hand.

Whereupon,

ELIZABETH RAFFERTY, SANDY HORN, WAYNE REED DANA RATLIFFE-WALKER, JUNE JENNINGS, JOHN JABE WENDY HOBBS, MICHAEL FRAME AND NATHAN YOUNG

were called as witnesses, and having been first duly sworn, were examined and testified as follows:

DR. WILKINSON: Thank you.

And if we could just go around the room, Mr. Jabe, before we get your testimony, to have everybody introduce themselves and the title and the facilities or the location where they are.

Ms. Rafferty.

MS. RAFFERTY: I'm Elizabeth Rafferty. I'm

a senior research analyst and I work at the headquarters for DOC.

MR. SANDY HORN: Hi. My name is Sandy Horn. I'm a sergeant at Fluvanna Correctional Center.

MR. REED: Wayne Reed, Mental Health Director at Fluvanna Correctional Center.

MS. RATLIFFE-WALKER: Dana Ratliffe-Walker, Assistant Warden at Fluvanna Correctional Center for Women.

MS. JENNINGS: June Jennings, Inspector General for Virginia Department of Corrections.

MR. JABE: John Jabe, Deputy Director, Operations.

MS. HOBBS: Wendy Hobbs, Warden at Fluvanna Correctional Center for Women.

MR. FRAME: Michael Frame, Chief of Security, Fluvanna Correctional Center for Women.

MR. YOUNG: Nathan Young, Assistant Mental Health Director at Fluvanna Correctional Center for Women.

DR. WILKINSON: Okay. Thank you all for your testimonies. I know it's been an interesting

morning for you, but we'll get to questions later. But, Mr. Jabe, representing the Virginia Department of Corrections, if you might start us out.

I understand that Director Harold Clarke is not available to attend today and you're here in his place and we appreciate that, and we appreciate the responses that the Virginia DOC has given us.

Okay. I'm being advised here that --

MS. SEYMOUR: Drum roll.

DR. WILKINSON: Okay. All right. Okay. You have submitted -- you know, we submitted the data request and that which you responded to, we need to get you on record to say that to the best of your knowledge, that it was accurate. So let me read this.

To the best of your knowledge, can you attest to the accuracy and truthfulness of the written response of the Virginia Department of Corrections to the data request that the Review Panel on Prison Rape sent to your agency in preparation for the hearing today?

I presume, Mr. Jabe, you can affirm or --

MR. JABE: Yes, sir.

DR. WILKINSON: -- this on behalf of the agency.

MR. JABE: Yes, sir, and I affirm.

DR. WILKINSON: Okay, great. Thank you.

Okay. Now, with that, we'll turn the floor over to you, Mr. Jabe.

MR. JABE: Thank you.

Mr. Chairman, members of the Panel, my name is John Jabe and I'm the Deputy Director of Operations for the Virginia Department of Corrections. I am here today representing Director Harold Clarke, who expresses his regret that he could not be here today. The Panel has previously been provided a copy of Mr. Clark's written statement, as you know, for today's meeting.

I would like to thank you on behalf of the Department for the opportunity to speak before you to address Virginia's efforts to implement the standards for prevention, detention, response, and monitoring of sexual abuse in adult prisons.

The Virginia Department of Corrections has over forty facilities, including major institutions,

field units, work centers, and detention and diversion centers in which 31,000 offenders are housed. In addition, the Department operates forty-three probation and parole districts.

Fluvanna Correctional Center for Women is Virginia's maximum security prison for women located in Troy, Virginia, near Charlottesville. The prison opened in 1998 with an average daily population of 1,200 inmates. Fluvanna operates several special missions, including a range of mental health services from acute care to special housing to outpatient patient care, a medical unit, a reception center, and general population housing and programs.

The work of this Panel is extremely important to the safety of offenders, staff, and the public. The Department has learned a great deal through this process and through our own internal reviews and investigations into offender safety. Many improvements have been instituted since the survey at Fluvanna was conducted.

I wish to emphasize the Department's impressive record of professionalism and public

safety. The Virginia Department of Corrections is an agency that is guided by a strategic plan with a primary goal to improve public employee and offender safety. We support the spirit of the public law and the goals of PREA because they are consistent with our core values and mission and they reinforce good correctional practices. We firmly believe that employees and offenders under the Department's supervision are entitled to an environment that is safe and free of sexual harassment and abuse. We continually strive to detect problems, correct them, improve operations, and eliminate sexual abuse.

Virginia has a history of working to reduce sexual abuse. Virginia was one of the first states to amend the state law to make it a felony crime for staff to sexually assault offenders.

In 2005, the Director of Corrections established an employee and offender safety task force to conduct an agency-wide review of our processes for ensuring safety and offender safety for the prevention of sexual assaults and harassment. The task force had two goals, to assess the effectiveness of the

policies, procedures, and practices relating to prevention, detention, and investigation of sexual abuse, assault or harassment, and two, to recommend steps the Department could immediately take to improve efforts to prevent, detect, respond, and investigate sexual abuse.

The task force visited twelve of the Department's facilities, interviewed 303 staff members, and 341 offenders. Overall, the task force found that the Department's staff were committed to the safety of offenders under our supervision, but we also found that there was room for improvement in our efforts to detect and reduce sexual abuse.

The recommendations of the employee and offender task force and review of PREA requirements have led us to make the following improvements since the year 2006.

General funding for surveillance cameras. The Department requested and was awarded grant funding from the National Institute of Corrections to expand surveillance camera systems at key facilities and specifically at the Fluvanna Correctional Center.

Between 2009 and 2010, Fluvanna Correctional Facility installed 117 additional cameras throughout the facility.

PREA policy. A strong PREA policy was issued to expressly state the Department's zero tolerance policy and practices. Previously the Department had several policies that covered various aspects of sexual abuse. We have since established one comprehensive policy that encompasses all of the former policies. This new policy outlines the prevention and handling of inmate sexual abuse by specifying what prohibited behavior is, sanctions against staff or other inmates, reporting avenues, investigatory processes, and responses to incidents.

Statewide PREA training. The Department has hired a full-time trainer located at our central training academy who developed a PREA training curriculum for all staff. All staff, contractors, and volunteers were put through the training in 2007 and 2008.

Training is focused on improving communication with offenders so that they are

empowered to report threats or incidents of sexual abuse and to ensure all staff understand the laws and protocols for handling reports. PREA training is offered for all staff, contractors, and volunteers during orientation and annual in-service training.

Additionally, it is mandated that fraternization and detection of sexual abuse be discussed at all Virginia Department of Corrections staff meetings.

Confidential sexual abuse hotline. A hotline was established in December of 2007 in each prison that allows offenders to report threats and occurrences of sexual abuse.

Hotline coordinator position. A position was established in the inspector general's office. The inspector general has a dual reporting relationship to the Secretary of Public Safety and all calls to the hotline are logged and investigated.

PREA training for all inmates. PREA training for inmates begin with the first seven days of the intake process during offender orientation and includes information on prison culture and how to be

aware and avoid situations which lead to sexual abuse. Inmates are shown a video and receive a pamphlet, which is available in both English and Spanish, that provides information on how to report sexual abuse, threats or incidents of abuse.

Posters were produced and displayed in all DOC facilities with information about the hotline. The inmates are informed that they can go to any staff member at any time with concerns regarding sexual misconduct or abuse.

Revised cell assignment procedure. The Department implemented a cell assignment review procedure to ensure that vulnerable inmates were not paired with predatory inmates in cell assignments. Currently we do an assessment on offender risk factors before housing offenders together.

Increased access to medical exams. Exams are provided to any inmate who reports abuse and a mental health referral is made per Department policy.

Investigation and prosecution. The investigation process comes under the purview of the inspector general. All substantiated incidents of

staff abuse on inmates are referred to the local commonwealth attorney for criminal prosecution.

Redesigning our prisons. By implementing unit management and evidence-based practices, both of these principles will encourage contact and discussion between inmates and staff resulting in better quality relationships and interactions. In addition, the Department entered into a contract with MGT of America to do a survey of several of our prisons, which will include the Fluvanna Correctional Facility.

Specifically with regard to Fluvanna Correctional Facility, numerous changes have been instituted. A management review conducted by the Department in 2008 and 2009 resulted in the appointment of Wendy Hobbs, a warden experienced working with female inmates. Warden Hobbs has led the prison through these positive changes.

Mr. Chairman, Panel, this concludes my prepared remarks. Myself and my colleagues will be pleased to answer any questions you or members of this Panel may have.

Thank you.

DR. WILKINSON: Thank you.

Maybe starting out with kind of a general question for any of you instead of going item by item.

You heard the testimony this morning. Is there anything that you heard that you disagree with or you'd like to make a statement about or just in general because the -- at least the testimony this morning from two of the witnesses at least was pretty compelling, that there's some pretty serious or was some pretty serious issues at Fluvanna. Some of them were pretty poignant in terms of being accusatory of at least one person, but we would like to at least, you know, hear some of your responses about the testimony you heard this morning.

MR. JABE: Well, let me start and then I'll let the warden address that issue, but the one thing that did concern me, the statement about not having access to healthcare if there was a claim, and throughout the Department, if there's a claim of penetration made by an inmate, we immediately transfer that inmate to a local hospital for a PERK test and then they are allowed to talk to a sexual abuse

advisor at the hospital before they return to the institution.

I also believe that during -- I've been deputy director for eight years and I do not recall during the last three or four years receiving any letters from any female at the Fluvanna Correctional Facility addressing sexual abuse.

I receive many letters. I try to read as many of those letters as I can, and many of them, they're asking about reduction in sentences. They want to transfer, but I cannot recall a letter in the last three or four years that says, "I've had a problem with sexual abuse. I've been assaulted by a staff member or a staff member has approached me for sexual favors," and that just hasn't occurred.

We do have a system locally, and I'm going to let the warden address that, and so I'll turn it over to Warden Hobbs.

MS. SEYMOUR: I'm sorry. Could I ask a quick follow-up question?

You talk about cases involving penetration. If you could maybe define for me how you define

penetration, and the fact is most sexual assault cases don't involve penetration. So --

MR. JABE: Well, obviously a PERK test is only done if there is penetration. So if an inmate does come and say, "I've been sexually abused," the procedure normally is to place that inmate into protective custody, and if the allegation is made against a particular individual, we're also placing that individual into administrative hold until an investigation can be conducted and if that -- if it's necessary, that individual would be referred to medical unit for follow-up, but would not go to the hospital unless for some reason it appears that she or he, whatever the case may be, has been physically assaulted or beaten.

Did that --

MS. HOBBS: And I would just like to comment.

I'm Wendy Hobbs, the warden there, and I've been a warden for twenty years and I've been in the system -- this is my thirtieth year and I would say that I have been working with female offenders about

twenty-five years, and one of the things that was disturbing to me this morning was the fact that we heard testimony that there is a policy that went out from the chief physician of the Department that said that offenders basically had to be in dire threat of their life before they could get medical treatment, and that is not the case. And in my thirty years, I have never seen anything that came out from our Department that would suggest such.

The women at Fluvanna, as well as -- I came from the Virginia Correctional Center for Women in Goochland. Whenever there was any kind of medical need, the women have had uninterrupted access to services. They may not agree when a doctor says that you don't need this medication, but they get to see the doctor, and the doctors have medical autonomy over what treatments they provide to the offenders. So that's one issue.

The other issue that concerned me is that there was a lot of discussion about the major's promulgating policies and procedures within the institution. Well, if you look at the documents that

we have provided, as well as any that were locally provided, the warden of the institution is the person that's primarily responsible for signing off on policies and procedures, and the testimony sort of implied that the warden wasn't in the loop at all with the changes that were made.

There were some changes that were made. As a matter of fact, I was on the investigative team that went into Fluvanna to look at some of the allegations that have been made, and we did find areas that needed improvement, but we also found where there were -- decisions were made in -- made for a good, sound security measure. They were not made to degrade or to make anybody feel less than a person. They were made because they needed to be made.

I think that some of the issues that we faced with the former major was a result of poor security measures. This major came in and put procedures in place. Now, when you have free run of the facility and you can go anywhere you want without accountability and then the major comes in and say, "We're going to have controlled movement," then that

in itself would say no to many people, including staff or inmates, because now they can't go where they want to. When they leave their unit, we know where they're going. We know why they're going. And so people don't necessarily get to go into these isolated areas alone.

Now, I would love to sit here and tell you that we don't have any issues, but we have human beings that we're dealing with, and as human beings, yes, we have people that are going to cross boundaries, but I can also sit here and tell you and assure you that we take these matters very serious and we act on them immediately and we do take the inmates to medical and have them checked. Whether it's an inmate-on-inmate incident or a staff-on-inmate incident, they go to medical and they are examined and pictures are taken and a whole gambit and we talk and we get their statement. We talk and we get the statement of the perpetrator or the alleged perpetrator. We investigate and we take these matters seriously.

This morning you heard Melissa say that I

came in -- in December 2009 I was assigned there. I came in and met with every offender there and told them what we would do and how we would act and what my expectations were of them, as well as staff, but I didn't just stop with talking to inmates. I held meetings with every employee there because I thought it was important for them to hear that we are going to have a culture change and that we are going to treat offenders with respect and dignity, and I told the offenders and I told staff if you tell me who has offended you, I'm going to investigate it and we're going to hold those parties accountable. So we have made a lot of changes in programmatic issues.

You heard testimony about the staffing of the institution. I will have to say that the number of female security staff are not as high as I would like to see, but I can also tell you that I hired a new human resource officer in October and she has been tasked with holding job fairs and to bring the level of female officers up to at least seventy percent.

DR. WILKINSON: What's the percentage now?

MS. HOBBS: The percentage now is

fifty-three percent female staff. Security staff, I mean, is what I'm talking about, and forty-seven percent males. That's high for me, but I can assure you that through attrition and through recruitment efforts, that the directive has been put out there that we will bring that level up to a more suitable level of managing inmates.

The other thing that we heard was about shaking down -- cross-gender shakedown. We do not -- no men shakedown, frisk, pat or anything that physically require contact with the female body occurs at Fluvanna. Not only at Fluvanna. It didn't occur where I came from, and we have five female facilities in the state of Virginia and it did not occur there.

I'm not going to sit here and try to tell you that everything is perfect, but I can sit here and tell you that we have made great strides in trying to change a culture that embraces treatment, that embraces listening to the women because they are different and they have special needs and that we are listening and talking and we're visible.

I can also -- and you heard this morning in

testimony -- I walk the institution. I walk alone. I don't have an entourage that go with me that will prevent inmates from talking to me freely, and they do talk. That's one thing that's different with working with female offenders. They will talk and they will tell you what's going on in the facility. If you listen to them and follow through, they respect that, and they will tell you more of what's going on.

Many times the inmates don't tell -- the ones that are directly impacted by inmate-on-inmate or staff-on-inmate sexual misconduct don't tell you, but they tell their friends and their friends tell you, and that's the culture that we are creating there, is that it's okay.

The other thing that we're telling staff is you have a legal obligation that if you hear/see anything that's suspect, that's not proper, that you report it. If they don't report it and we find out that they knew about it, we address them through the standards of conduct, as well as the violators through the standards of conduct.

When inmates violate inmates, they

are -- both inmates are put into investigative hold, and of course that's a form of segregation, so everybody lumps that together, but we're not talking about women sitting in segregation for months unless they were the perpetrator and they were the one that we determined did create this incident. Then, yes, they are there because they're going to go to court. They're going to be tried, and then after the court acts on that, we are concerned about preventing them from acting again. So they, yes, will sit there, but the victims are put there merely until we can do an investigation so that we can make sure that we have all the facts. They are not sitting there for months at a time. Yes, they may sit there a couple of weeks because we have our investigative process to go through, but they are not there months at a time.

Staff are removed. Now as simple as that. I have expressed throughout that institution that sexual misconduct is zero tolerance and I have shared with them, even from fraternization -- and we heard Dr. Owen talk about that -- even in fraternization cases, we do not tolerate them. They cannot stay

there and work at Fluvanna Correctional Center. They will be removed from their jobs and they've been removed from their jobs.

There are a number of things that we can say that we disagree with in terms of some of the statements that were said, but we also agreed with some of the statements. There have been room for improvement and we've been working on that and we're going to continue.

MS. SEYMOUR: I'm sorry. Which ones do you agree with or not?

DR. WILKINSON: Let her finish and then we can kind of get to --

MS. HOBBS: Okay. Well, the -- I kind of lost my train of thought, but I'll come back to you, Anne.

The culture is one and we've worked on that and we've worked on changing the culture, educating the inmates, educating the staff. We've reoriented staff. We've reoriented the offenders. We reoriented all our volunteers. Our contractors that work within the institution go through an in-service training that

we provide for our employees every year.

You heard Mr. Jabe testify that on every agenda in every meeting, the agenda item of PREA and fraternization is a standard agenda item, and why? Because, unfortunately, some folks don't get it. No matter how much we repeat it, some folks don't get it, but we do -- when they don't get it, we do everything that we possibly can to get them out of Fluvanna because that is not the place for them to work.

In terms -- I think the communication -- there was a period of time that communication needed great improvement and I can tell you that it has improved. Are we where I would like to see it? Certainly not. I've been there sixteen months, but I can tell you that from the first day I walked in there until today, that we have made some strides.

And I also want to take issue with some of the things -- you know, when I heard a lot of the testimony, it was kind of "Wow", you know, "do I really want to be there?" But then I look at the staff there and we have 300 and some -- well, when I

count contractors, we have over 400 employees who work there, that work there every day doing their jobs and they're not abusing the offenders, and I think that our record, even anyone coming in would show that we are not a horrible institution.

When you ask why are we in court, because we haven't done anything to be in court, and if you have worked with offenders, with females, you know, they will take you to court. They will challenge you there and we have not done anything to be there.

We have not had any major disturbances in the institution. We have not had any major assaults on offenders, other than this sexual offense where inmates do take advantage, but that happens in every female institution, and, you know, I look to everybody's wisdom in this room to come up with something that would prevent that, but we're going to make sure that we do everything to minimize it and try to eliminate it.

I guess the segregation piece was one and that they talked about putting females in segregation once they make the allegation and that does occur, but

as I stated, basically it's an investigative hold and it's not a punishment. Of course you can't convince the inmates that it's not a punishment because they've been taken out of the population.

Also, it was testified that building eight was a -- we had increased the beds for segregation. We have forty-four segregation beds there. We have a special structured living unit and that unit is a living unit where these women who have demonstrated behavioral problems and they have an enormous number of infractions are housed there to go through a structured program that deals with change in behavior. The other forty-four are honor wing -- is the honor wing unit that has been there for years. So that whole building is not a punitive building.

I don't know what else I could say. I guess you can ask me questions and then --

DR. WILKINSON: Yeah, we will. First of all, congratulations on thirty years of corrections work. You won't be there for thirty years and not know a whole lot about this business.

So, Anne, you want to follow up with the

questions you were going to ask the warden?

MS. SEYMOUR: Yeah, a couple of questions, but first, I want to thank you for your hospitality last week. It was, I think, a really important day for us, and we did a lot of interviews, and obviously with our bulletproof binder here, we've reviewed a lot of information and there are just a lot of people, both the women who are incarcerated at Fluvanna and your staff who speak very highly of you and the changes that you have made, and so I want to commend you on that.

I just want to ask when we questioned Director Clarke in his testimony in response to question two, he spoke about the fact that offenders, they fear for their safety even if they report an inappropriate sexual advance or behavior, and obviously they fear or don't like being put in the special housing unit.

And how have you addressed that issue or how -- can you address the issue? And I want to ask you specifically when there's a staff-on-inmate allegation of misconduct, you remove the staff from

that unit. So why do you also put the woman in segregation?

MS. HOBBS: Well, and one example is, while it is unacceptable by law and by policy for staff to get sexually involved with an offender, that relationship is not always nonconsensual. The offender -- and we've had staff that we have terminated that have actually married the offender. So we separate them so that we can limit and keep the integrity of the investigative process, meaning that with them being in segregation, they're not readily available to send messages to that staff member or to call or to call mama on the phone to have the three-way phone call where they can talk and bring their statements together in terms of what they want to tell them. So we separate them and try to get -- ensure that the integrity of the investigation is not tainted by their relationship and their love for each other. So that's one reason.

Yes, the staff member's out of the institution, but if we don't take them and put them in a more controlled environment, the staff member can

still be communicated with and they can come up with statements that are similar, that will not give us a true indication of what was going on in that relationship. So that's one reason we do it, is basically -- and also because we don't know when we get these allegations is this something that has -- this person been attacked. We need to put them in a protective status so that we can find out what's going on.

Our emphasis, though, is not to keep them in there for a long period of time --

MS. SEYMOUR: Short-term.

MS. HOBBS: -- because it is really to find out what's going on and to gather facts.

MS. SEYMOUR: And then I would like to ask anybody who wants to respond, what do you think you can do to increase reports of sexual misconduct/sexual assault and make it so that there's no fear of retaliation or fear for personal safety?

I mean this is something that happens not just in institutions. It happens to all women and men who are subject to it, and I just -- it just seems to

me there's more we can be doing and I'd like to hear from any of you on Fluvanna's specific response to that.

MS. RATLIFFE-WALKER: I just really -- Dana Ratliffe-Walker, Assistant Warden.

I believe that we need to continue to have the lines of communications open, and the unit management concept, of course there's a unit manager, the unit lieutenant, a unit sergeant, three officers and sometimes B&Gs, other support staff in the building. We have that unit management concept in order to make more staff available to the offender population and when we have approximately 240 offenders in each unit, they will interact with staff more because we have more staff there. It's just mathematically the more you have, the more they can connect with.

So we have those individuals there, and as the warden indicated, the culture has changed at Fluvanna. When I arrived at Fluvanna, there was a culture of -- I guess things were very controlled, and when I say controlled, I mean temperament was

controlled. The offenders did not interact with the staff. For what reason, I don't know, but I do know that it has improved since the latter part of '08 and '09.

MR. JABE: I think another thing is that we're starting to introduce evidence-based practice and we put it into one of our higher security male prisons several years ago, and of course when it first started, that staff were not as receptive to that because they saw it as kind of hug-a-thug rather than a way to communicate with inmates, but once they got into the program and we started training them to think for a change and then conversely we started dealing with the inmates. And so the communication at that prison, and we're going to be doing it at Fluvanna, just increases and we've noticed -- we've got it now to three other male prisons, but the number of serious incidents have gone down. The number of grievances have gone down. It just has improved the relationship and the communication between inmates, and so we're going to be putting all the staff through that using unit management and these evidence-based practices.

So I think it will help and create an environment where inmates are more willing to talk to the staff and report incidents of sexual abuse or sexual harassment.

MS. SEYMOUR: And what do you all think that the evidence base for zero tolerance for verbal abuse?

We've heard a lot today about the continuum that -- I mean from the research and from the practice, that it doesn't just start with the sexual assault or a violent confrontation. There is a continuum, and I think my discomfort level of everything -- well, besides the leash. That's my highest, as you know, I've made no bones about that. The continuum that a culture that leads -- allows, you know, verbal abuse to -- I don't want to say be condoned, but allowed and the continuum that might lead to a culture where that kind of abuse becomes worse. And again, anyone please feel free.

MR. FRAME: I can tell you. I'm the Chief of Security of Fluvanna, Michael Frame.

We have a zero tolerance with the verbal abuse towards staff, as well as to the offenders. I

listened to some of the testimonies this morning and, you know, they basically bashed me, but one thing -- and Ms. Hobbs and Ms. Walker, we worked with each other for the last sixteen months and I've worked with Ms. Walker for the last three years -- that there has never been an incident where anybody, whether it's myself or the captains or the lieutenants or any of the security staff, that have verbally said anything to the offender out of the way that it has not been addressed and some type of corrective action has been done.

DR. WILKINSON: Warden Hobbs, I see your name on the report with Fluvanna management review final report. You weren't the warden --

MS. HOBBS: I wasn't the warden there. I was --

DR. WILKINSON: So you must've went there immediately because this was in January of 2010 and that was just, you know, thirteen months ago. So the report -- and you were there sixteen months, sixteen months and --

MS. HOBBS: I've been there sixteen months,

but the actual investigation started in July of 2009, and we concluded that pretty much around November of 2009.

DR. WILKINSON: Yeah.

MS. HOBBS: And so the final report, I guess, is the final draft, but we had done an extensive investigation. We talked with offenders, randomly picked offenders, randomly picked staff to talk about the culture and the management style that was going on at Fluvanna. So that report was actually -- the study was really done by November of 2009.

MR. JABE: Let me just add to that, while the committee was working, of course they produced some working drafts which were submitted to me, and after looking at some of the information, the regional director and I went to Fluvanna and spent at least three, four days talking to staff, talking to some inmates, and before the final report came out, we had decided that there was a need to change direction and leadership at that institution and that's when I went to Warden Hobbs' office when she was at Virginia

Correctional Facility and begged her to make a move and come over to Fluvanna because she certainly had an excellent track record at that previous facility.

DR. WILKINSON: It seems like it was a good move by you and Director Gene Johnson to make that move because the report, you know, doesn't give a pass to Fluvanna. I mean I appreciate the honesty that was in there and it looked like it should serve, if nothing else, as a template for change.

I presume you're -- you know, the staff are familiar with some of the report and the management review and they're working fervently to --

MS. HOBBS: Actually, that report has driven my sixteen months and I was trying to find a report. We report back to Mr. Jabe and the director on the issues of that report every month and we've been doing that since March of 2010, and we have a rolling list of improvements and enhancements and things that we have done to address the issues of that report, as well as just some philosophy changes, so to speak, things that I have done over the years that worked and that were brought to Fluvanna.

And so we are still reporting a year later on where we are, but those issues were addressed and I think the only thing -- and Andie Moss talked to me a few minutes ago -- is to do the training for the -- how to work with female offenders and we have the curriculum from NIC. We've gotten it approved through our academy and we're just -- and talking with some of the trainers on dates to bring that in, and the plan is, of course, to do every -- to train every employee at Fluvanna on how to effectively work with female offenders. I've had that training and it's an excellent training and we are hopefully going to do that. I think I had some July dates from the trainer.

MR. JABE: I do have a copy of the April report. So if the Committee would like to have that report, I'll be happy to --

DR. WILKINSON: I just want to kind of bring this up because everybody else has. I mean there was this incident between, you know, the major and the chaplain and so forth, and even in the report it says that Major Frame's communication style is sometimes abrupt, short, and matter of fact.

I mean, you know, if I was a warden, that would concern me a little bit being the chief of security. So does it concern you?

MS. HOBBS: It did when I went there and I guess the advantage of me going there is that I had been on this investigative team, so I did not go into Fluvanna with my eyes closed. I knew what some of the key areas of concern were, and I met with Major Frame, and I talked about some of the comments that were shared in that report and I gave him my expectation, and I'm proud to say that I have had not one complaint about the Major's communication with staff or inmates since I've been there.

I'm the warden of that facility and I had a responsibility to set the tone for that institution, and not only the Major, but other people that were engaged in poor communications were also met with and talked with and standards and expectation clearly defined to them.

I can tell you he has not -- I'm not going to say he hadn't done it, but let me say I'm not -- I'm going to tell you that I have not gotten

one report from offenders.

Many of the offenders that we have there know me. They've known me because at one time Goochland was the only female facility in the state, and especially the long-termers. They knew me at Goochland. They know me there. Many of the women transferred back and forth between the institution for various reasons. They know me and I talk to offenders. I talk to staff, and I'm very open with that. If anything, they will tell you that the chain of command probably doesn't mean a whole lot to me because I talk to anybody that say, "Ms. Hobbs, can I talk to you?" And so the offenders, in my conversations on the yard -- and I'm not surrounding by security. Matter of fact, I disrupt their whole operation when I'm on the yard -- will tell you they will me and I'm confident that they will tell me that this happened. They have no problems talking with me and I haven't heard it.

MR. YOUNG: Well, could I go back to Anne's earlier question about changing culture?

I've been at Fluvanna since it opened in

April of 1998, and the change in culture on the positive side has been remarkable since Major Frame and Ms. Hobbs came onboard.

With the previous major and warden, basically the warden was -- it was if she didn't exist. We knew that she was in her office and was very by the policy, but what's very important for a warden, in my view, having experienced three wardens so far at Fluvanna, is the warden needs to be present and basically make rounds in the institution and just so that the staff and the inmates know that she's there. And Ms. Hobbs, like she said earlier, took time to meet with essentially everybody and to be clear about what she expected and the things that she wanted to change in the institution.

So we have Major Frame, and we have Ms. Hobbs now, and we have her for sixteen months and I guess three years now. Before that, you had a major that basically wanted to be admired and exalted and you had a warden that was really not present, and so that's the change in culture that I've seen. And working in mental health and talking with lots and

lots of inmates daily/weekly, that is communicated or expressed by them as well. So they -- my take on what the inmates report is that they feel supported now and they feel acknowledged.

MS. HOBBS: And I also want to share that the administrators, the assistant warden, the chief of security, we have unit managers and other staff that are considered duty administrators on a rotating basis, we're all in the institution. We're in the institution on a weekly basis at a minimum.

We work -- I work all kinds of shifts. I'm there at night. When we heard conversations about incidents occurring at night, I do go in at night. Ms. Walker goes in at night, so that we can see what the temperament is and -- of what's going on and how do we operate the institution. And it's not -- I'm not on a schedule of when I'm going to show up. The offenders don't know when I'm coming to the dining hall. They don't know when I'm coming in the living unit. I just show up. The staff don't know either. So there is the opportunity for us to be there at those odd hours to see what is going on and what's not

going on, and we do learn things when we go in at different times.

I go into programs for inmates on weekends when they're having any of the special programs that we increased there, Major. We go to see to make sure that they are -- they go off without a hitch and to address volunteers and other people's concerns that come in. We're there for visitation. I walk in the visiting room. Ms. Walker, Major, the duty people walk in the visiting room and go around and introduce ourselves to the visitors so that if you've got a concern, here I am, ask or call.

DR. WILKINSON: Well, I'm sure Gary and I have a lot more questions, but Anne visited the facility. So I'll let her kind of lead kind of the discussion for now with the thoughts she's got.

MS. SEYMOUR: Well, I -- you know, my big question what's with the leash? I really don't like it. I don't understand it. I went and called a few people who've been in corrections a long time, and it is not considered SOP or acceptable in most prisons. So, please, someone explain the leash to me.

MS. RATLIFFE-WALKER: Actually, it's called a tether strap and it's a control strap utilized for "controlment" of an offender.

As the previous ex-offender stated that we do have women in segregation unit who are violent, who are assaultive, and actually, the person that you saw the other day was one of the most aggressive offenders that we have back in our segregation unit. So the tether strap is an approved form of constraint utilized only in the segregation unit for those offenders that -- and it is an approved DOC --

MS. SEYMOUR: No, the belly chain and that behind and the leg restrictions for that small woman who could be extremely violent, and I'm sorry, the leash helps you how? I really -- I don't see it and it's very, very disturbing to me. Sorry.

MR. FRAME: What she had on was she was handcuffed from behind, which is per policy, and she had the leg irons on, which is also per policy when we move a segregated inmate. She had the control strap on as an extra set of restraint for her. When we move her, it is used just in case she's out of control or

she runs off, that officer --

MS. SEYMOUR: But how could she run off, Mr. Frame? I mean I examined this very, very closely. There's no way.

MR. FRAME: Some of them, when they hear things in the ICA hearing or in any of the hearings in segregation that they do not like will try to get away from the staff. So that control strap is used, and it's also used as a mechanism for safety for the officer because I've been in the business almost twenty-three years. I've seen inmates and we -- unrestrained of the handcuffs, snatch that handcuff out of that officer's hand and rip that hand open for the officer. So that is also used when we unrestrain them through the slot, that you still have some control of that offender while one of those hands are loose.

MS. SEYMOUR: Can you see what the leash sends a message to -- I'm sorry -- to staff, to the women who -- to visitors? I mean can you see the -- that some people might be shocked and appalled and really not understand it?

MS. RATLIFFE-WALKER: I can for someone who has not worked in a correctional setting.

DR. WILKINSON: I've worked in a correctional setting and I don't understand it.

MS. SEYMOUR: We've all worked -- yeah.

MS. RATLIFFE-WALKER: Well, you asked about family members --

MS. SEYMOUR: Yeah.

MS. RATLIFFE-WALKER: -- and all of that and I can, but because of the spontaneity and especially in this particular offender who has on occasion leapt across the table at the unit manager while they're conducting hearings, it was decided to use that as a necessary precaution.

DR. WILKINSON: Do you use it in the men's facilities?

MR. FRAME: Yes, sir.

DR. WILKINSON: Okay. So in every one of your facilities, you have the tether strap?

MS. RATLIFFE-WALKER: Yes.

MR. JABE: That is correct.

MS. RATLIFFE-WALKER: Yes, sir.

DR. CHRISTENSEN: Could I weigh in on this --

DR. WILKINSON: Yeah. Sure.

DR. CHRISTENSEN: -- because I've also taught offensive tactics for years, trained cert teams across the country, and certainly within my own facility and we happen to have a policy when somebody's restrained to that extent without a tether strap, frankly never used a tether strap, that there's close personal contact of personnel and that is by far the most viable way to stop a threat from a person, especially a person who's restrained, whether it'd be by a body chain, certainly handcuffs behind the back and/or leg chains.

Is there some policy about close personal contact or does a staff member walk down the hall behind this person? Are there people around that person or how does that work?

MR. FRAME: In segregation, inmates are escorted by two certified correctional officers each time they're --

DR. CHRISTENSEN: On either arm?

MR. FRAME: Yes, sir, either --

DR. CHRISTENSEN: So that would be standard?

MR. FRAME: -- each time they come out of their cell.

DR. CHRISTENSEN: So in addition there's a person with a tether strap?

MR. FRAME: No, one of those officers would have that -- control of that tether strap.

DR. CHRISTENSEN: And you see the use of the tether strap is superior to the person being on a person's arm?

MR. FRAME: Well, for me, I mean if I wanted to have my hand on the inmate, then that's something different because I'm a large guy, but we have a lot of our staff members that cannot control the male or the female staff. Most of the time, what we try to do when we escort in segregation, we have female-on-female in segregation. So as Mr. Jabe and Ms. Walker has also stated, it's an approved item and it's used in every institution in the state of Virginia. So I'm not saying that it's not something that we're doing --

DR. WILKINSON: We understand that it's an approved item. You know --

MR. FRAME: Yeah.

DR. WILKINSON: -- Warden Hobbs, you're kind of silent about the tether strap. Do you --

MS. HOBBS: Well, since I have been at Fluvanna, that's been my exposure to it. At VCCW, of course, I had three people in segregation at a given time. You're talking from three people to forty-four in segregation, and when we did move combative inmates, we had the extra staff that we called from other posts to move them and that's the -- that was the substitution for the tether at Fluvanna is that you can control with the two staff there and the tether on them.

With me at VCCW, we had extra staff and it definitely, on combative inmates that we had a history of that would be out of control, and unfortunately, **[REDACTED]** is one of those. I mean I've talked to **[REDACTED]** for thirty minutes or more and she's just as nice and the officer will walk right up and she's jerking from him and "Don't touch me" and they hadn't

put anything basically other than the handcuffs on her.

So it depends on the inmate. It really does depend on the inmate, but I have used more staff in moving combative inmates when that tether was not used.

MS. SEYMOUR: Now, that would be great --

MR. JABE: Let me --

MS. SEYMOUR: -- and especially if you know this person in particular it's very predictable behavior, that additional staff would be a very appropriate response to this woman.

MS. HOBBS: Just before you speak --

MR. JABE: Go ahead.

MS. HOBBS: -- I just want to say, though, on that particular offender, we have had the tether and additional staff and had a time getting her under control. In the room that you saw her in, if you recall, there was -- it was kind of a crowded room, so you only had one security staff member there at the time that she was observed. The other one walked her in and left with that. You had the captain there.

You had the counselor. The captain was holding the hearing and the counselor -- it was a lieutenant and the offender. So in that particular situation, the room wasn't big enough for us to have too many people in there.

MR. JABE: Let me assure the panel, I think that concept was introduced about twelve years ago in the Department of Corrections and I've been a warden for a number of facilities as well. We did not use it.

DR. WILKINSON: In more than one state. So --

MR. JABE: In more than one state, yes, sir. And I assure you we will give it a thorough review and I'm sure that there will be some changes made. I don't know if we'll totally eliminate it, but we will give it considerable thought and see if there's alternative ways of dealing with those inmates. So I can assure you that --

DR. WILKINSON: Well, we appreciate it.

MS. SEYMOUR: We really -- sorry. I appreciate that.

DR. WILKINSON: And it's -- and we know it may be part of policy and whatever, but, you know, many of us have been around this world for a long time and we know there are a lot of ways that we can control inmate movement and those ones who might be unruly and sometimes we get comfortable with overkill and, you know, and -- you know, but if you guys and ladies say you're going to review it, that's good enough for us. We would like to know the results of what you come up with at some point.

MS. HOBBS: And I just want to comment too that that is -- that tether strap is probably the only security equipment that we have in terms of dealing with combative inmates. We don't -- I had all the gas -- and we don't have the tasers and the stun -- electronic stun --

DR. WILKINSON: Well, don't replace it with a shock collar.

MS. HOBBS: We don't have any of that at all. We do not have any of that. That was my point. No, we don't have any of that and I was just bringing that point forward to say that we don't have a lot of

the other approved items that, you know, would be used in an area such as that.

DR. WILKINSON: Tell me about how many women do you have at Fluvanna who might be pregnant?

MS. HOBBS: Pregnant?

DR. WILKINSON: Yeah.

MS. HOBBS: About two, four at any given time. They come in -- because we're a reception center, so they come in from the jails pregnant and --

DR. WILKINSON: Okay. So --

MS. HOBBS: -- deliver --

DR. WILKINSON: -- they obviously deliver then while they're --

MS. HOBBS: They deliver while they're incarcerated.

DR. WILKINSON: And you take them to UVA?

MS. HOBBS: UVA.

DR. WILKINSON: Okay. And when they're in the hospital, are they shackled, you know, to -- or I mean they're probably shackled, of course, while they're there, but in labor --

MS. HOBBS: No.

DR. WILKINSON: -- are they still shackled?

MS. HOBBS: No.

DR. WILKINSON: Okay. There's a lot of controversy out there these days about shackling women who are, you know, about to deliver.

MS. HOBBS: Actually, the only restraint that we use on a pregnant woman is the handcuff. We don't even put the leg irons or the waist chain on them when they're pregnant.

DR. CHRISTENSEN: In front or in back?

MS. HOBBS: Handcuffed in the front.

MS. RATLIFFE-WALKER: And if that poses a hardship to the fetus or to the mother, she's not handcuffed.

DR. WILKINSON: You all mentioned that you -- I'm sorry.

MS. SEYMOUR: Okay.

DR. WILKINSON: You all mentioned that you prosecute and have prosecuted persons for sexual misconduct. What's been the results of the prosecutions? Has anyone been convicted?

MS. JENNINGS: June Jennings, Inspector

General.

We have had convictions of staff involved in staff sexual misconduct. You know, at Fluvanna we had a former major who was convicted of engaging in sexual acts with an offender and he was convicted and received a sentencing for that. We've had other staff as well.

I'd like to just give you some --

DR. WILKINSON: Please.

MS. JENNINGS: -- brief information on the Inspector General's Office and our role in the evolution of Fluvanna and how we have been involved.

Once the survey came out, obviously my office had a keen interest in the numbers that you had and in looking at what our numbers say as far as the type of investigations that we worked and seeing if there was something more that our office needed to be doing, and since that time, you know, we've made a lot of changes in the investigative process and the warden and the deputy director have talked about the changes that have been made at the institutional operational level as well.

We've increased our point of contacts for our institutions so that we're providing more responsiveness to our institutions to make sure we're meeting the investigative needs. We also have increased the number of female investigators that we have. We have two additional female investigators that work in the central region that are available for investigations involving female offenders who were not there prior to that survey.

I think that it has increased our awareness of the higher risk of sexual victimization and staff sexual misconduct for our female offenders, and I think the institution knows that we, the Inspector General's Office, has our eyes on them. We're watching very closely the incidents and, you know, we -- as I think we mentioned in our briefing papers, we report not only to the director, but also to the Secretary of Public Safety and the Board of Corrections to ensure that we're independent and no one tells us who -- whether we can do an investigation. I have complete autonomy in that regard. So at any time if I decide I need to -- you

know, we need to do an investigation, we have that authority to do so and we've never been challenged on that.

I would like to point out and take some credit for this. When the Fluvanna review -- just to show you how much involvement we have, I went to Mr. Jabe and persuaded him about, you know, putting the committee together and we actually had an agent work on the committee with them and we -- my office personally, you know, kept an eye on that whole process. We receive the quarterly reports as well that Warden Hobbs puts out on how they are doing. So we are continuously monitoring that process as they move forward.

DR. CHRISTENSEN: We've heard lots of different testimony, lots of different allegations, lots of different he said/we said kind of things, but we did hear specific testimony from Ms. Trainor regarding an email sent by Major Frame. For one, is that true?

MR. FRAME: No.

DR. CHRISTENSEN: Okay. So that's

completely false?

MR. FRAME: Yes, and the way you asked her to present it as evidence, I would like to see it.

DR. CHRISTENSEN: Okay. So if something like that did occur, would that be covered or would there be any type of action required by the zero tolerance policy?

MS. HOBBS: Let me tell you something. If I had the Major or any staff that wrote an email like that, he would not be chief of security. He may not even have a job in the Department of Corrections. That's just deplorable and definitely I can assure you that it would be addressed to the fullest in terms of this. And we have offenders that write letters, and I just responded to an offender's letter, and she made a lot of general comments about staff and about some of the issues that were in that article about **[REDACTED]**, and I told her, "**[REDACTED]**, listen. I hear what you're saying here, but in order for me to address this, give me the specifics. Who are the violators? Who's doing this? What did they say? When did they do this?" And then, yes, it will be addressed, but I

can assure you there is no tolerance in abuse toward anyone.

DR. CHRISTENSEN: So if you were made aware of an email, if it was offered into evidence, you would take action?

MS. HOBBS: Yes.

MS. SEYMOUR: So I mean in general the verbal abuse we heard about today just didn't occur?

MS. HOBBS: Ask your question and I'm not sure I understand it.

MS. SEYMOUR: Yeah, just both witnesses talked about very derogatory language in particular towards the women in the institution. So any comments on that?

MS. HOBBS: Well, I don't know the second witness, Ms. Trainor. I never met her, don't know anything about her. I can tell you coming in as an attorney representing -- her conversation has been pretty limited to her dialogue with the offender and her. Any requests for any information we've gotten -- I don't even know if she's been one of the people, but we've had requests for information and

that information that didn't breach the security of an institution was provided.

I have no clue where Ms. Trainor got her information. I have -- other than talking with offenders, I don't know. She doesn't work for us and when she comes in, she's pretty limited to where she sees the clients. So that regard, I can't speak to.

MR. JABE: Well, let me -- we've all worked in prisons long enough to understand that allegations like that happen. I mean there's -- we're human beings. As much effort we put in trying to hire the right people, putting them through the right training, we all come in with our thought process about how another individual ought to be treated, and so certainly some of that happens, not only in the Department of Corrections in Virginia, but I would venture throughout the country.

The best we can do is when it comes to our attention, we deal with it, but as much training as you go through, you can sit there and talk to staff at every pre-shift and tell them that it's not acceptable, it's going to happen from time to time and

it's our job then to find when that occurs and to deal with it, and that's the best we can do.

DR. WILKINSON: Mr. Reed or is it Dr. Reed?

MR. REED: Mister.

DR. WILKINSON: Okay. You are the mental health --

MR. REED: That's right.

DR. WILKINSON: -- director?

MR. REED: Uh-huh.

DR. WILKINSON: I mentioned earlier that in some of the female facilities in Ohio, the persons in that facility can be sometimes -- fifty percent of the population can be diagnosed with a mental illness of some sort and sometimes a serious mental illness. Oftentimes it's other types of borderline issues or whatever. What's the percentage at Fluvanna?

MR. REED: It would just be an estimate, but I would estimate, and Mr. Young can help me out on this, but I would estimate that at least half of the women there have had trauma histories, probably more than that. So I think that's true. I think that when it comes to history and what they've been through and

what they bring with them, there certainly is a lot of that already there.

We have one program, at least one -- we have several, but one is called Trauma Resolution and that's a group environment that works with women who have been through traumatic incidences and traumatic events and works with them on learning to control symptoms associated with trauma, and there's an advanced level that helps them also work through it.

So I think long ago, long before I arrived, that program was begun. I think there was a need seen that there needed to be some things done to deal with that. Rather than waiting around until something else happened, go ahead and help these women deal with the trauma they've been through, and so that's been going on for -- how long has that been going on, Mr. Young?

MR. YOUNG: Ten years. A long time.

DR. WILKINSON: So if a woman in the institution reports a sexual assault having taken place, kind of tell me where you guys fit in. You know, where -- and what do you do?

MR. REED: Okay. There's a policy that was

put out in November of 2009 and some -- Operating Procedure 730.2, which instructs mental health staff on how to respond to allegations of sexual assault, and so what would happen as soon as we're notified, we would immediately go and try to speak with the inmate. We have up to forty-eight hours to do that, two business days, but we -- as soon as we get the report, we have someone on-call every day during business hours and so that person would then go and talk with the offender and interview them and do an assessment. There's a written assessment also that we would use to guide the --

DR. WILKINSON: So is this person now in special housing?

MR. REED: Sometimes they may be in special housing and sometime we might get the report before they've even gone further. We might go and see them in the housing unit. It's happened before where someone has been brought to us where we've -- because we see offenders in our office area as well. So sometimes we might get a report and have the -- the officer has brought the person over. There have been

a number of different areas.

If it were to happen in special housing, we would try to obviously get more confidentiality and as much privacy as possible, but the interview takes place. There's a structured interview that we go through and it just gets a sense of how the person's dealing with it, what further services they might need from us, and then we can gauge what to -- where to go from there based on the interview.

DR. WILKINSON: Any other thoughts?

MR. YOUNG: No, I think Mr. Reed covered it really well.

MS. SEYMOUR: And I'd like to follow-up.

I met a lot of the mental health staff and you all have -- there's a very broad experience and expertise, you said, in Post Traumatic Stress Disorder and in trauma.

Do you get any specific training related to rape, sexual assault/rape related PTSD, rape trauma syndrome, battered women's syndrome, take your pick?

MR. REED: Right. Not specifically on those issues. I think that all of us, when we come into the

position, we all have master's degrees at least, and part of that training is to go through critical, you know, incident stress debriefing and how to deal with crisis situations, and so I think that, you know, we learn basics on how to deal with those situations, and then individually -- one person, for example, that you may have met while you were there is very interested in trauma and has taken classes and gone through workshops and those kinds of things, but in terms of coming in and having something -- a required course or some kind of training that specifically addresses that issue, we haven't had that yet.

MS. SEYMOUR: And the reason I ask -- and I guess I would like to get sort of training for everyone who's sitting here. I know you do -- like, everyone goes through the PREA training and I love that you bring this issue up constantly because I think you need a constant reminder, but to me there are specific things related to the unique nature of sexual assault and sexual victimization that is so different from regular trauma, and I also say it because I helped develop a curriculum that's not been

published yet on the impact of sexual victimization on inmates and parolees. And so I think if we have that discussion, that might be useful to you all, to everybody, to really understand the specific nature of rape and sexual assault.

And then I would like to just ask people what is your training that would make you just a better person to be able to prevent and respond to sexual assault?

And if you don't mind if we just ask around the table. Is that all right --

DR. WILKINSON: Sure.

MS. SEYMOUR: -- Mr. Chairman? Can we begin with you?

MS. RAFFERTY: Sure. Well, I come from a research background and that's primarily my role in this Panel. I helped compile all the information and I do the reports that we send every year to BJS. So I think that from a research perspective, it'd be important and I could help the institutions when we begin to change policy in looking at who our victims are, where our victims are, when incidents occur, and

going through the investigative process and the reports, making sure that we address what's currently happening and change policy and procedure to implement new things that will help prevent what's been happening, and so looking at the current research and developing off of that. And every year, whatever research changes, what we see when things change, changing policy to go along with that, changing procedure to go along with where we're finding incidents occur and when those changes happen.

MS. SEYMOUR: So Dr. Owen is your new best friend?

MS. RAFFERTY: Yes.

MS. SEYMOUR: Okay.

Mr. Horn, training specific to sexual victimization, prevention, response?

MR. HORN: Well, in our in-service yearly we have -- the mental health department does a training, one whole day on mental health services, and I think specific sexual assault, like we give the inmates the PREA video to let them watch, I think that would be very appropriate for the staff to see as well.

DR. WILKINSON: Sergeant, but do you have a cadre of officers who report to you or through you or how does that work?

MR. HORN: As an investigator, you have one officer that reports with you. As a --

DR. WILKINSON: So you're an investigator? You're a sergeant, but you're an investigator?

MR. HORN: I used to be.

DR. WILKINSON: You don't do shift work or --

MR. HORN: No, I used to be an --

DR. WILKINSON: Okay.

MR. HORN: -- investigator. Right now I'm working on the transportation team and I do have staff that work with me.

Each day, you know, we go through our briefing with the staff that I have now and we give them the fraternization policies. We go over it with them and make sure they understand it. We go over zero tolerance, and I think, like I said, the yearly in-service, a little more focused on sexual assault or a little more focused on the PREA issues would

probably be a good thing for all staff.

DR. WILKINSON: So if you're in charge of transportation, are the transporting officers all women?

MR. HORN: No. We have a couple of male staff on there. The majority we would like to have women simply because we have female inmates.

DR. WILKINSON: We've had a number of reports from different places because the transportation is not BFOQ'd.

MR. HORN: Right.

DR. WILKINSON: Then, you know, it's prime opportunity for some women to come in adverse contact --

MR. HORN: Well, when we do send transportation out, there is always a female officer going with them. There's never two male officers going out alone.

MS. SEYMOUR: Did you personally have -- what's your training and background in sexual assault investigations?

MR. HORN: I will say very limited. I have

the investigative experience that the academy teaches to all investigators. It does go over a small amount of sexual assault, but it's mainly --

MS. SEYMOUR: Would that be helpful, do you think, to have a little more of this training in that area?

MR. HORN: Oh, yes, for all staff, not just --

DR. WILKINSON: NIC has a --

MS. SEYMOUR: Yeah.

DR. WILKINSON: -- free program. So --

MS. SEYMOUR: Okay.

MR. REED: My training with --

MS. SEYMOUR: Yeah.

MR. REED: I'm sorry. Were you finished?

DR. WILKINSON: Yes.

MS. SEYMOUR: Go ahead.

MR. REED: My training would be through experience. I've been practicing for twelve years. Some of that time I did some private practice and saw a lot of women in the community. So I would say that any training I have on issues of sexual trauma comes

through experience and counseling, probably not in the classroom.

MS. SEYMOUR: And I appreciate that because I think experience is really important, but in our discussion that -- you know, in our last interview at the end of a long day, but --

MR. REED: Right.

MS. SEYMOUR: -- I think we can -- there's great training programs out there that we can offer to you all and you're obviously into training and communication. So that's kind of where I'm -- that's the direction I'm heading in.

MR. REED: Right.

MS. SEYMOUR: Does anyone else want to talk about your experience or where you could get more that is specific to sexual violence?

MR. JABE: I was just going to say your question is very timely because we are in the process of appointing a committee to review both our training for corrections officers and new staff as they come into the system and our forty-hour yearly update and they'll beginning their work in the next couple of

weeks and we're certainly going to be talking to NIC based upon your comments and we'll be making sure that's something's included in that training.

DR. WILKINSON: You testified that MGT is going to be doing some work for you. What will that yield for you and --

MR. JABE: They are looking at approximately ten of our facilities and reviewing a number of issues of how we do classification and how critical incidents, grievances, all efficiency type and how well we operate our institutions, and also they're going to be taking a look at the Department and how we're organized in totality as well. So -- and they're going to -- when they go to Fluvanna, they've been tasked to take a look at PREA rules and regulations. Nancy Zang, I think, who has done some work with PREA will be one of the people that will be assigned to that project when they go to Fluvanna.

MS. JENNINGS: I just wanted to add on the training, all of the special agents in the special investigation unit, including myself, are sworn law enforcement officers. We have to go through basic

training. We've all had sexual assault investigative training, but we have talked -- I talked to Andie Moss today and she gave me some advice on getting some additional training that we're going to be looking at because we do have new agents. So it's obviously something that we need to put on some type of cycle to make sure that we continue to get this important training.

DR. WILKINSON: We still probably have a lot of questions, but go ahead.

MS. SEYMOUR: Okay. I was just going to -- Major Frame, you were mentioned a whole lot in the report. Did you have any training after the report came out that --

MR. FRAME: No more than my yearly in-service, my forty hours of yearly in-service training, as well as -- you know, I've been in the mental health class also that they do at in-service at the institution.

MS. SEYMOUR: Is there any training that you -- after reading the binder, the report, your own experience that you think would be helpful to improve

both the culture and also just women feeling comfortable reporting sexual assault?

MR. FRAME: Well, I think just based on what I've seen over the last three years that I've been there, that the more that we be out into the population, that the more they become comfortable with seeing you and the more that they'll have an opportunity to conversate with you and report incidents.

You can never have enough training. You know, everything that we could receive would be good for the institution to assist us with receiving the information, what to do with it, how to report it, as well.

I've seen the PREA video, but that came in -- you know, in my basic in-service class, you know, and that's helpful to let the new staff know -- because we do have a lot of young staff -- know what to expect, what signs they might see when they're making rounds in the building and how to report it to the supervisor and have it taken care of.

MS. RATLIFFE-WALKER: And also like to add, because I think the Major's forgotten that his training did complete the working with female offenders training and also --

DR. WILKINSON: So you forgot it?

MS. RATLIFFE-WALKER: He forgot the course.

MR. FRAME: I've been sent to a lot of classes. So --

MS. RATLIFFE-WALKER: But I would like to share my background of working with victims and perpetrators. I am also on the board of Virginia Association and Treatment of Sex Offenders and my training and counseling, my grad and undergraduate, working with victims, and also at least four of the counselors at Fluvanna Correctional Center are facilitators for the victim in the program. So we do have some training available onsite and some classes onsite for the population as well.

MR. YOUNG: And I would like to add that it's been referred to that mental health teaches a mental health in-service to all staff during their annual in-service and one of the things that myself

and the other therapists stress, because we take turns teaching, what we really stress is PTSD as a diagnosis, but also what it may look like if those signs or symptoms manifest in a female inmate and underscore that an offender's response to an officer, if it's negative or disproportionate, whatever you want to call it, may not have anything to do with that situation or that particular officer or those officers personally, but that the situation actually may be -- or something related to it may be triggering that response, which security staff may interpret as being manipulative, antisocial.

MS. SEYMOUR: It's the trauma and not the drama, to go back to an earlier witness.

MR. YOUNG: Sure.

MS. SEYMOUR: I mean it really is very -- and it seems like we have a gift of so much research that tells us about both predictive and correlating factors in sexual assault cases. You know, crazy idea, why don't we use the research and really get into some good training for everybody? That just makes a lot of sense.

MR. YOUNG: Yeah. And what I also stress is that we have 1,200 women in the facility at any given time essentially and that upwards of eighty percent meet the criteria, diagnostic criteria, for Post Traumatic Stress Disorder or have at least some symptoms of it, and so basically the institution is a big trauma wing. And so -- and the institution is full of triggers and those triggers are not perpetrated by staff, but it just happens to be an artifact of the environment.

MS. SEYMOUR: And I love you that you say that because, I'm sorry, but to me a leash is a trigger, but -- okay, I'll get off the leash. I'm done with the leash, but a leash is a big trigger.

DR. WILKINSON: No, it's a tether.

MS. HOBBS: I would like to share my background, and I held a -- I have an undergraduate degree in sociology and -- with a minor in psychology. My graduate's degree is in human resource management, and so I think the two different areas have been beneficial to helping counsel people in a sensitive nature and listening to -- and it has really helped

with the listening and follow through on the female's concerns.

The other thing is I've had I don't know how many trainings on working with females in over my twenty-some years of doing that, but also was one of the first people that served on the committee for the victim program, victim advocates programs that we have in the -- with the Department of Criminal Justice Services. So it has always been a very sensitive issue for me as a practitioner in the field of criminal justice. So I think that that has kept me in tune, and the other fact that, you know, women are different and their needs are different.

MS. SEYMOUR: Again, I've talked to a lot of the women who said specifically about you that the fact that you greeted every single one of them and talked to them upon your arrival, that just -- to me that said a lot about your style and about your -- sort of your values in working with these women.

So I have sort of a like summary question. I'm going to turn it back to my friends here. There

were several recommendations from the report and my question I guess it'd be for you, Mr. Jabe or Warden Hobbs. What's come of the recommendations and what actually has been implemented versus not?

MS. HOBBS: The document that Mr. Jabe just gave you is an outline of what different measures we've taken since I've been there and address each of those issues, and the only two things that we have that are outstanding that I can recall and that is the training, to get everybody trained on working with female offenders and --

MS. SEYMOUR: And that's on deck with you; is that right? You're --

MS. HOBBS: That's on deck and we're going to do it this year. We definitely are. And the other one was the master pass list, the revamping of the master pass list, and we've come a long way in making some changes that dealt with movement of offenders within the institution. We've done some improvements in the areas so that women are not missing programs and educational opportunities because of that list.

We are also in the process of implementing

our CORIS, which is Offender's Management System, which will track inmates' movements within the institution and it will give us a list of where everybody -- even to the programs they're involved, their work schedule, educational schedule, and that will be accessible to all staff within the institution that will define or tell us where this offender is supposed to be and when they are supposed to be there.

And those are the two issues that, from what I can recall, are outstanding, but they are a work in progress.

MR. JABE: No, I was just going to say -- let me add -- the Warden talked about CORIS and earlier we had testimony that misconducts get torn up as favors. Under the new system, once an officer enters a disciplinary report into the system, it cannot be removed unless a supervisor goes in there and gives the rationale. So that tearing of the misconduct can't occur from now on.

DR. WILKINSON: Who's responsible for the hotline?

MS. JENNINGS: I have the hotline.

DR. WILKINSON: Okay. Can you tell me how many calls you've gotten and kind of what you do when you get a call or --

MS. JENNINGS: We get roughly -- for the whole state, we get roughly about fifty calls a month. I mean a week. I'm sorry. Fifty calls --

DR. WILKINSON: This could be on anything or just --

MS. JENNINGS: Well, the hotline is set up to be for PREA related calls, but about ninety-nine percent of them are non-PREA related issues. You know, they're not happy with a certain policy or it could be, you know, any number of things, and what we do is those calls come in. There is an investigative analyst in my special investigations unit who reviews all those calls as they come in and she does that on a daily basis and we have set up criteria on how we are going to handle them. Administrative issues we're going to send directly to the warden and we notify everybody in the chain as well so they're aware of the complaint that comes in.

Anything that contains a criminal

allegation/sexual assault, we, the investigative unit, are going to handle ourselves. We're going to open a case on it and we're going to investigate it. If it's inmate-on-inmate that was just limited to inappropriate touching, we will refer it to the institutional investigator for handling.

So we're looking at the majority of our cases are not PREA related. We have not had one case of a PREA type allegation that's come over the hotline that has been founded, and that's for the whole department, and we haven't -- our numbers at Fluvanna -- and I don't -- I think we gave them to them on Fluvanna, but the numbers for the offender hotline are very, very low.

We talked earlier about what we could do to improve communication for the offenders. One option would be is to, you know, make sure that we just reemphasize that the offender hotline is out there, that it's available for them, and that it is anonymous. I mean if they want to leave their name and number, they can do so, but they don't have to leave their name on the offender hotline, and if they

want to report general concerns related to PREA or communication or fear of retaliation, they could raise those concerns on that program.

DR. WILKINSON: So there's obviously a place inside the housing unit or somewhere where they can --

MS. JENNINGS: They use the inmate telephone system to call.

DR. WILKINSON: And so they get a recording then and just --

MS. JENNINGS: Yes. They -- it's a separate option. Dial pund fifty-five and it takes you directly to the offender hotline.

DR. WILKINSON: Got it.

MS. JENNINGS: And it's actually left. You're not going to be talking to a live person. You're going to be leaving a message, and we retrieve those on a daily basis.

DR. WILKINSON: Pretty dramatic testimony about women's access to restrooms. You know, can you explain kind of what's been done or --

MS. HOBBS: Well --

DR. WILKINSON: -- about that?

MS. HOBBS: -- in the management report that was done, that was discussed and what we did -- when I got to Fluvanna, the lockdown time was 9:30 at night, and of course if you are locked down at 9:30, you're probably going to have to go to the bathroom more often than not, but we changed the lockdown time to 11:30, which gives them more time to be out, but now our procedure is -- and they are locked in, so they're going to have to communicate to the control center to get out the room for anything, but our procedure is that they are popped out of their rooms based on the number of commodes that we have as opposed to one up and one down.

DR. WILKINSON: So any intention -- I mean if you have a population that's older, you know, that's -- and I know this from experience.

MS. SEYMOUR: I can double that, Reggie.

DR. WILKINSON: You know, then it's a little bit different, you know, for, you know, some of the younger people in prison and, you know, it's basically the middle of the night.

MS. HOBBS: Well, our units tend to have

documentation of those with medical needs, and so of course if that was the case, then they will get priority over someone else who's waiting to come out. They do have that in the living units.

The other thing, though, I can tell you in talking with the offenders, that that is not an issue of discussion. The last time I heard anything about it was when we had a shakedown and of course I talked with the Major and said, "We have to ensure that we take -- have a plan to let them out during shakedowns," because that can be very tedious. You're in the middle of shaking down inmates and somebody wants to come out to the restroom. We've got to pat search them because, you know, they may be wanting to come out to ditch something they know they got in the room that they shouldn't. So we do frisk search them and then let them go into -- we have plenty of staff there to observe that and we talked about making sure that that's done within a reasonable time.

MS. RATLIFFE-WALKER: Can I also address that issue --

DR. WILKINSON: Sure.

MS. RATLIFFE-WALKER: -- as to the progression of the restroom issue? Because at the point in '07 and '08 there was freedom to move throughout the hours of the night, and so when we arrived, we discussed with the warden exactly, you know, what did we want to do, and yes, I believe that we did go too far in limiting the offender access to one up and one down based on the tier and in anticipation that we would be controlling the sexual interactions in the restroom. And so after the report and after hearing the comments from the offenders and hearing the family members' concerns, then we did move back towards the availability to the commodes.

So we tried to control it and -- but I do want to let you know that, yes, I think we did go too far in order to do that, but we have moved away from that as well.

DR. CHRISTENSEN: Is it possible that somebody could wait for two hours to go to the bathroom at night?

MS. RATLIFFE-WALKER: It was probably true when we were doing the one up and one downs.

DR. CHRISTENSEN: And did they then get disciplined when they went in a cup or some kind of container in their cell?

MS. RATLIFFE-WALKER: I don't know how we would know that unless the offender told us. I don't know how we would know that they did that.

DR. CHRISTENSEN: But if you did know that?

MS. RATLIFFE-WALKER: Would I just send her -- no.

DR. CHRISTENSEN: No?

MS. RATLIFFE-WALKER: No, because --

DR. CHRISTENSEN: So it's okay for inmate to have --

MS. RATLIFFE-WALKER: -- I would understand -- I would understand it based on that wait. I would certainly have to -- any controlling that we did -- have a list of who was available to go to the restroom next. So if she said, "I waited and waited and couldn't go," and she actually had to go, then, no, I would not do that.

DR. CHRISTENSEN: Because there are -- I mean, again, sometimes this can be a nasty business

and we do know that inmates do store things like that --

MS. RATLIFFE-WALKER: Oh, yes.

DR. CHRISTENSEN: -- for use against staff.

MS. RATLIFFE-WALKER: Oh, yes.

DR. CHRISTENSEN: So are you saying that there's no -- how would you differentiate between an inmate who's doing that, the bad way, and who just had to go to the bathroom?

MS. RATLIFFE-WALKER: My only way would be to access the waiting list to see if she actually advised someone that she needed to go.

DR. CHRISTENSEN: Okay.

DR. WILKINSON: Go ahead.

DR. CHRISTENSEN: I have some questions regarding and back to that management report and some things that confuse me, frankly, by some of your own writings, especially while this zero tolerance policy is in place.

I mean by testimony in the report and I apologize, a lot of it has to do with Major Frame and his dialogue with people, some of which was reported

by the assistant warden, which I don't know if that was you within this management report.

MS. RATLIFFE-WALKER: I'm not sure.

DR. CHRISTENSEN: Okay, but some assistant warden reported this dialogue -- this type of dialogue, which I mean inappropriate language in some interactions with staff and volunteers was quoted from the report --

MS. HOBBS: That was in the report --

DR. CHRISTENSEN: Excuse me one -- just -- so what I don't understand is how something like that could be reported in a report like that but not dealt with when it happened in the context of a zero tolerance policy.

I mean to me -- and as a person who ran one of these institutions myself, if I heard about my second in charge, hearing about some -- later in retrospect that she or he had observed a major at my facility doing the things that he allegedly did and the assistant warden was telling me about it, but hadn't done anything to the major about it, I would be looking to discipline the assistant warden myself.

That would really frustrate me, especially in light of a zero tolerance policy for such language.

So was there any follow-up to that? I mean this is from your own report.

MS. HOBBS: And I think what's in the report is the issue of the Major, I think, if I recall, using the term "bitch" and in talking with you -- and this was under the previous warden, but in talking with you I understand that you did address this with --

MS. RATLIFFE-WALKER: Yes.

MS. HOBBS: -- and documentation was issued --

MS. RATLIFFE-WALKER: Yes.

MS. HOBBS: -- to the Major in addressing that inappropriate comment.

DR. WILKINSON: What do you mean documentation?

MS. RATLIFFE-WALKER: He received a counseling, and we also had a discussion with myself and the warden regarding that that type of communication would not be acceptable.

DR. CHRISTENSEN: This report talks about

multiple complaints.

MS. RATLIFFE-WALKER: I am not aware of multiple complaints.

DR. CHRISTENSEN: I mean this -- again, this is your report. So -- and Warden Hobbs, you were a part of that report. So it talks about multiple complaints, not one, two. I mean that sounds to me like lots of times.

MS. RATLIFFE-WALKER: There was one time where I was not in the area, but I understand that there were staff and offenders present. So the one time with the numerous listeners/hearers of the comment could report that or did report that. I am not aware of any other time.

MR. JABE: Let me try to address that. That was a concern of mine and that was one of the reasons why myself and G.K. Washington, our regional director, went to the facility and did the interviews that we did. We did talk to the assistant warden. We talked to the Major. We talked to unit mangers, trying to determine just who was reporting this, and after -- and we talked to these two folks at least two

or three different times during that three or four days, and probably thirty or forty other folks.

We couldn't really pinpoint exactly who was making these comments and even in talking to some of the members of the committee, we couldn't quite determine who was making those, but we both were convinced that we could deal with the problem and that it would not occur and that's why the Major was not removed.

And I think there was -- at the time, the previous warden ran the institution with a different style. She would walk through the facility with six or seven other people, including her secretary, the operations officer, the building grounds superintendent, and some of these people were making security decisions, and I became convinced, and I think the regional director became convinced, that they had conflict with the Major. They didn't like his way of trying to follow the policy and they wanted to do things their way, and after those three or four days, I became convinced that the Major is getting a bad rap, but it -- or there were bad things being

said, but it wasn't as bad as that report indicated and I wasn't going to change the report because the report was going to stand as the report stood.

But in talking to the people and talking to the Major and talking to the people like the building grounds superintendent and the secretary and the operations people, I became convinced that he was trying to follow the rules and regulations and I think some people were just making comments because they didn't like his style.

MS. SEYMOUR: So the report is wrong?

MR. JABE: That became my opinion --

DR. CHRISTENSEN: Or at least --

MR. JABE: -- or it stands for what it says. I wasn't --

DR. CHRISTENSEN: -- at least it omits half of the story anyway.

MR. JABE: -- and I wasn't going to tell them how to write the report. I just don't operate that way.

DR. CHRISTENSEN: So I have other questions regarding reporting, specifically the data that are

reported within the report from 2007 on through November 2009, and frankly, you talk a lot about some of the policies that have been in place to reduce all these things, yet your own data represent quite a different picture. It really -- the data represent quite an increase in incidents, a major increase in incidents specifically in 2009, which is only reported January through November.

So I mean I'm just wondering what your comments are related to that?

MS. HOBBS: I will speak to that because as we were putting documents together for this Panel, one of the things that I observed as I looked at the infractions is that people were being charged for holding hands or giving somebody a kiss on the cheek and was being classified under sexual assault and that was the highest assault charge that you could get.

So many of these we went through and actually read the charge, and in my opinion, they should've been violations of the rules as opposed to a sexual incident, and many of them were just touching by the inmates, but they were not sexual in nature.

And I can remember talking with a staff member and saying, "If you kissed your grandmother on the cheek, would you consider that a sexual act?"

So some of these charges were inappropriately classified and issued on females.

DR. CHRISTENSEN: So specifically the ones that says in the charges --

MS. HOBBS: Engaging --

DR. CHRISTENSEN: -- engaging in sexual acts?

MS. HOBBS: Yes.

DR. CHRISTENSEN: But how does that conflict with the zero tolerance policy regarding inmate-on-inmate conduct? Like, where do you figure out when it's kissing your grandmother on your cheek and when it's inappropriate touching between inmates?

MS. HOBBS: Well, I think the definition that's been used to define the PREA -- the various PREA definitions clearly define sexual acts and meaning physical contact in a sexual nature and I think that that is what's being taught now, whereas before -- because I think we shifted somewhere from

maybe not being as attentive as we should to overkill, and that's what happened in these charges that I reviewed, is that folks were charged for things that could've been handled under failure to follow a posted rule.

DR. CHRISTENSEN: So kind of a bad byproduct of heightened awareness.

DR. WILKINSON: But discipline was imposed for these infractions at the higher level or --

MS. HOBBS: Yes, they were. So --

DR. CHRISTENSEN: I also have --

DR. WILKINSON: Go ahead.

DR. CHRISTENSEN: -- I don't know if we're finished on that line of inquiry or not, but I also had questions about some of the testimony we heard about where a sick call was conducted and the openness with which sick calls conducted seemingly in violation of HIPAA standards at the very least and certainly in violation of confidentiality for health-related issues, whatever the issue may be.

I don't know if that -- what your comments would be regarding that testimony.

DR. WILKINSON: The locker room --

MS. RATLIFFE-WALKER: No, no. It's actually -- it's an office. It's an office on the living unit outside of the control room area. The door is secured. We had drapes around the glass so that no one could see in. The decision to move our triage, and basically that's what it was, just to assess the need of the offender's sick call, any referrals at that point, any necessary medical appointments that need to be made, went outside of the housing unit. That was just a basic triage in the building in order to control the movement.

We had so many offenders going to our building that actually the medical staff was inundated. So we thought it would be better to have the medical staff go to the housing unit so they could see the offenders there and we would not have to move the offenders to the medical department.

DR. CHRISTENSEN: So is it possible as part of that triage that some of the testimony was true in terms of offenders' health issues being discussed openly so others could overhear?

MS. RATLIFFE-WALKER: Is it possible? It's possible.

DR. CHRISTENSEN: I mean is there a departmental policy? I assume there's a departmental policy against that.

MS. RATLIFFE-WALKER: And there is.

MS. HOBBS: Well, the offenders are going to sick call back in the medical building and that's a change for us --

MS. RATLIFFE-WALKER: Yes.

MS. HOBBS: -- as well as pill rod is back at the medical building now. So -- and because we heard, as we did this investigation, and as -- since I've been there, that was a potential to move the offenders, and so we evaluated it and we moved it back to the medical unit.

DR. WILKINSON: Warden, can you give us some sense of the programming that takes place?

MS. HOBBS: Oh, sure.

DR. WILKINSON: I mean education, substance abuse, you know, life skills, you know --

MS. HOBBS: Okay.

DR. WILKINSON: -- or you were there. Do you want to talk a little bit about what you saw?

MS. SEYMOUR: They make eyeglasses. That was probably one of the things I was most impressed with, both the work that they have and the fact that they have, I think, very good programming considering the large number of inmates they have. I appreciate, like, the two-tiered mental health group. I thought that was really important.

They have -- unfortunately, the need is the people who want to get involved in both -- correct me if I'm wrong -- education and the work programs are greater than the slots in both, and so there's a waiting list, which is not unusual.

Please give a better description than my general overview, Warden.

MS. HOBBS: Well, when I went there in December, we had a forty-two percent employment rate and we, of course, have increased that to seventy-three percent employment rate among the offenders. We've got about 700 and some jobs and of course we've got about 1,200 offenders.

We also have the standard educational academic programs, your GED, your ABE. We have college courses there. Vocationally we have optical, printing, electrical, building maintenance. I'm going down the hall.

MS. SEYMOUR: Sewing.

MS. HOBBS: Well, that's the job. That's the tailor shop, and we also have an industry that makes the glasses for the agency as a whole and we have Braille as a class and as an industry there. What am I leaving out?

MR. FRAME: Microfilm.

MS. HOBBS: Microfilm.

MS. RATLIFFE-WALKER: Document conversion.

MS. HOBBS: Document conversion, as well as office technology classes and we just started a new program in computer repair/television repair there, and so we are also in the process of starting classes on -- in the food service area where we're certifying -- will be certifying offenders on safe serve and culinary skills there.

MR. YOUNG: You missed cosmetology.

MS. HOBBS: We got cosmetology. How could I forget that?

MR. YOUNG: And they can be licensed before release as --

DR. WILKINSON: So substance abuse --

MS. HOBBS: Substance --

DR. WILKINSON: -- religious services and --

MS. HOBBS: -- we do have those. And the other thing, Mr. Jabe talked about the evidence-based practices, and the staff will be trained on that. I think we're scheduled in July for the training.

We also are in the process of relocating the offenders who will be going home within twelve months to Building Three, which will -- the focus will be on reentry and we will house them in the four wings according to the amount of time they have. If you are within three months of going home, you're going to get an intense -- very intense version of what you need to go home.

The other people that are going to be assigned there will be given priority over school assignment and over work assignments so that they can

carry something with them home.

So we are also handpicking the staff that goes in that because we want to give trained -- even the officers to be treatment oriented and to help deliver some of the training. We installed televisions throughout all the four wings -- well, throughout the whole institution to give us additional training space. We installed AV equipment in our gymnasium so that we can train larger numbers of folks on different treatment programs, as well as in our visitation room. We installed AV equipment there to make that available for additional training, and we have tons -- all different types of religious programs going on in there.

DR. WILKINSON: Mr. Jabe, you mentioned that you got 117 new cameras. You said NIC paid for those?

MR. JABE: That's correct. There was a grant.

DR. WILKINSON: Oh, I didn't know NIC had that kind of money. It didn't sound right. NIC people are shaking their heads.

MS. SEYMOUR: BJA.

DR. WILKINSON: Okay, BJA.

MR. JABE: I'm sorry. I misspoke.

A PARTICIPANT: It's easy to get mixed up.

MR. JABE: I'm sorry.

DR. WILKINSON: Yeah, I knew I never saw that. I'm on the NIC board and I never -- I never saw that one.

MS. SEYMOUR: That was news to both of us.

MR. JABE: Well, is there anything you could do --

DR. WILKINSON: So she's on the board too. So I know we hadn't seen that request come through, not that we see all the requests, but --

MR. JABE: I'm sorry.

DR. WILKINSON: -- but the question was more about the cameras than NIC anyway.

So -- and that's a lot of new cameras to -- you know, to install and I presume that's something you're doing statewide, right?

MR. JABE: We're doing it statewide, but specifically at Fluvanna, the changes -- whereas that we do have control of movement, which tells us at any

given time you should be able to walk into that institution and ask where inmate Shirley Jones is and we would know.

Previously there were doors that were not locked. Those doors are now locked so that we know if Shirley Jones went through that door. We've got the cameras located in areas that when Shirley Jones goes to the Major's office or goes to another area, the camera's there, and if there is a complaint made by Shirley Jones, that we can go back and check that we knew by the control of movement where she was supposed to be, where she went, and she arrived there, what time did she arrive there, and what doors she went through, and hopefully by going and reviewing the cameras, we'll be able to tell exactly what occurred.

So those are some of the improvements that we've made over the last year, year-and-a-half.

DR. WILKINSON: I'm impressed that you've started unit management as well. So is that statewide also or --

MR. JABE: As of November one, all the institutions will be converted to unit management.

That's correct.

DR. WILKINSON: This year or --

MR. JABE: This year.

DR. WILKINSON: Okay.

MR. JABE: This year November. We had -- I don't know if you know Tony Turpin from Georgia, but we had Tony in to conduct a training for the wardens and superintendents last Tuesday and then on Wednesday, we had about 120 people that are kind of acting in the role of unit management or will be and Tony spent the entire day training them. Our plan is to have him come back in November, spend a week, and then a month or two later, come back for some follow-up training. So we will have all our facilities operating under unit management.

DR. WILKINSON: And I guess my thought about that is, you know, with kind of the budget crunches that states are under, a lot of people are getting rid of things. So to add unit management, that almost seems, you know, pretty remarkable. Maybe the Commonwealth has more money than, you know, a lot of other states.

MR. JABE: Believe me, the Commonwealth over the last couple of years have had to close down eight percent. Our capacity is at 164 percent. That's what we're operating at, and our officers and our staff and our wardens are doing a tremendous job because I think if you look, that our escape rate is one of the lowest in the nation. Our assault rate on staff is one of the lowest, and even inmate-on-inmate is one of the best in the nation.

So kudos to our staff, that they do a great job, but we're always looking for ways to improve and I think evidence-based practice, especially -- and as the warden said, we've started teaching our corrections officers that work in the housing units how to deliver some of this programming. So they're not just going to be a cop. They're going to be treatment oriented as well. They're going to enforce the rules, but they're also going to help inmates understand about thinking for change and anger management and some of the other programs that we need to produce, and that'll be in all our prisons.

DR. WILKINSON: And you're in a unique

position in Virginia to also be responsible for parole. So, you know, to transition men and women out of state correctional facilities, you have an opportunity to make it kind of a seamless project where, you know, the benefits of what may have been learned in some correctional institutions, can become monitored once a person's released, kind of in the reentry philosophy.

MR. JABE: That's correct, and Virginia, I think, is the first to -- Governor McDonnell, when he took office, named a statewide reentry coordinator and her responsibility is to work with the community to bring the community into the fold, and we have established councils with our prisons, and we've designated right now three prisons plus Fluvanna as reentry sites, and so we've got a program. We've got the communities involved.

Our recidivism rate is about, I think, 27.3 percent, which we think is good, but not good enough. So I think we're going to do even better in the years to come.

DR. WILKINSON: Okay.

MS. SEYMOUR: Well, I want to say I really appreciate your focus on evidence-based in general, but I think in particular also have we all heard a lot today about there is a very strong evidence base on what we can do to prevent and respond more effectively to sexual assault? And I'm sensing that there is almost an eagerness to really take what we know works and apply it. So I really appreciate that.

And, Warden Hobbs, I just wanted to ask you what are some of the challenges or are there any challenges? You have such a vision for your institution following the reports, and, you know, significant changes are being made.

Are there any challenges that you see preventing you from really creating the vision that you have?

MS. HOBBS: I will say this whether Mr. Jabe was here or not, is that I have gotten one hundred percent from the director's office down in terms of support of what we have wanted to do there. We have gotten their support in almost everything that I've asked to do. They've been one hundred percent behind

us. So I'm very fortunate in that.

The biggest challenge that I have seen is that when you're changing a culture, you've got to keep training and we have -- at Fluvanna, we have everyone go through their in-service training the first half of the year and so by June thirtieth, all employees should've had their in-service training, and we did that to kind of clear the schedule for the latter half of the year where we can bring in specialty training because I think that that's the key to a lot of the changes that will have to occur, is to bring in specialty training and offer it to as many people as we can, this training, to get people informed on why we do what we do and why it's significant that we do it the right way.

MS. SEYMOUR: Thank you so much.

DR. CHRISTENSEN: Regarding your evidence-based curricula for females, is there any different curricula that are offered females in Fluvanna as opposed to some of the other male prisons?

MR. JABE: I'd say at this juncture there is not.

DR. CHRISTENSEN: I mean I ask the question and refer you and it certainly gets beyond the scope of these hearings, but these are my passion in the business. If you look beyond, that there are a lot of risk factors that are inherent -- risks and needs that are inherent in female offenders that are not in males and they actually dovetail very nicely with some of the issues that we're talking here because obviously trauma is a very important risk factor for females where not so much for men. Not that it's not, but --

MR. JABE: Right.

DR. CHRISTENSEN: -- so just I'd certainly be happy to point you in the direction if you don't know or take a look. It's not that hard to find.

MR. JABE: I will have our program manager get a hold of you.

DR. CHRISTENSEN: Sure.

MR. JABE: Thank you. Appreciate that.

DR. WILKINSON: Well, it's time to close the session out, but we want to, you know, first again thank you for being here and bringing in all -- you all who are very much involved with the well-being of

PREA, but probably bigger than that, just doing good corrections work.

I mean we know that the report was not so flattering about Fluvanna and so forth, and we know that happens. The tone that we have would've been a lot different hadn't you all, you know, talked about what you're doing to remediate, you know, those issues because, you know, the long term will tell the story more so than, you know, your testimonies here. So I mean if you do all you say you're going to do -- and I know you will because I trust, you know, Director Clarke's judgment and Mr. Jabe's and the warden's. All indications are that you're a breath of fresh air for that institution and that's not to be taken lightly. They're probably hoping you don't retire any time soon; however, you know, it's still a very, very serious matter and there are 1,200 women at that facility whose lives depend on kind of where you go from here and we know that -- and forgive me, Dr. Owen -- there is some manipulation here and there, but, nevertheless, you know, to have a critical ear, listening to these women and the staff, I think, is

very important going forward, and so we appreciate you being here and thank you very much.

Before you leave, I do have to read a statement.

This Review Panel on Prison Rape's hearing on prisons with a high incidence of inmate sexual victimization will be in a recess until tomorrow at 8:30 a.m. The Panel's hearing on prisons with a low incidence of inmate sexual victimization will convene here today at two o'clock.

So you're duly dismissed and thank you very much.

MS. SEYMOUR: Thank you all very much.

(The hearing on identified high-incidence facilities adjourned. Following a brief recess, the Panel will convene at 2:00 p.m. with its hearing on identified low-incidence facilities.)

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A F T E R N O O N S E S S I O N

(2:09 p.m.)

DR. WILKINSON: I think we can get started. Gentlemen, thank you for being here.

It's our protocol to swear you in, if you don't mind, and we can do that as a group. If you'd raise your right hand.

Whereupon,

KEVIN SCHWINN, JOHN SHARTLE
HARLEY LAPPIN AND PAUL CLIFFORD

were called as witnesses, and having been first duly sworn, were examined and testified as follows:

DR. WILKINSON: Thank you very much.

Why don't we have each of you introduce yourselves and then we'll get back to the opening comments by the director.

Mr. Schwinn.

MR. SCHWINN: My name is Kevin Schwinn and I am filling in for Gilbert Garcia. I'm the Chief of Intelligence for the Central Office of the Bureau of Prisons.

DR. WILKINSON: Great.

MR. SHARTLE: My name is John Shartle. I'm the warden of the Federal Correctional Institution in Fairton, New Jersey. Up until recently, I was the warden of the Federal Correctional Institution in Elkton, Ohio, for about three-and-a-half years.

DR. WILKINSON: Great.

MR. LAPPIN: I'm Harvey Lappin -- Harley Lappin. It's quite all right. I was kidding. Director of the Federal Bureau of Prisons.

DR. CLIFFORD: And I'm Paul Clifford, Chief Psychologist at the Federal Correctional Institution in Elkton, Ohio.

DR. WILKINSON: Great. And Harley, I need to have you swear to something else.

To the best of your knowledge, can you attest to the accuracy and truthfulness of the written response of the FCI Elkton to the data request that the Review Panel on Prison Rape sent to your agency in preparation for today's hearing?

MR. LAPPIN: Yes, I can.

DR. WILKINSON: Thank you.

Well, Director Lappin, thank you very much for being here. A little bit convenient having you right here in the District of Columbia and you can get here from Elkton, although you could've probably got here quicker than I got home from Elkton when I went to visit, but I did have the chance to visit FCI Elkton. So, Director.

MR. LAPPIN: Mr. Chairman, members of the Panel, it really is a pleasure for us to be here today and we certainly welcome the opportunity to be before you today to discuss what the Federal Bureau of Prisons does to minimize the incidence of sexual assaults in federal prisons.

I'm joined by Warden John Shartle and his staff from the Federal Correctional Institution. I want to thank Kevin for filling in at the last moment when I think the SIA from Elkton had a family crisis, and so Kevin willingly filled in on the spur of the moment.

FCI Elkton was identified by the Panel as one of the federal prisons with the lowest incidence of sexual assault, and I really want to applaud and

commend the hard work of the staff in this important area of work at Elkton.

Of paramount importance to the Bureau of Prisons is the safety and security of more than 212,000 inmates in our custody, our staff, and the public. We have a firm and non-negotiable policy of zero tolerance for abuse of any type, verbal, physical, and sexual.

The Bureau's approach to sexual abuse prevention and intervention is multidimensional. It begins with our agency policy which provides all staff with clear and unambiguous mandates regarding our zero tolerance policy, standardized procedures to detect and prevent sexual abuse, prompt and effective responses to victims, prompt intervention and investigation of sexual abuse allegations, and discipline and prosecution of perpetrators in accordance with Bureau policy and the law.

All staff receive training on the requirements outlined in our policy when they are hired and again each year during annual refresher training. Additionally, specialty training is

provided to staff with specific responsibilities for managing our sexual abuse prevention and intervention programs, such as lieutenants, health services staff, and psychologists. Non-bureau staff, such as contractors and volunteers, also receive mandatory training on inmate rights, privacy, and appropriate communications and interaction.

All inmates are made aware of their rights and responsibilities under this policy during their orientation to the correctional facility. This includes an in-depth discussion of sexually abusive behavior, prevention strategies, reporting methods, treatment options, and the consequences that perpetrators can expect to face. Inmates also receive this information in writing.

The agency further ensures institutional safety and security through our combination of direct staff supervision, architecture and physical features of the institutions, security technologies, and our inmate classification system that guides our placement of inmates based upon risk factors and security and program needs.

Regardless of the specific discipline in which a member works, all employees of the Bureau of Prisons are correctional workers first and are expected to be vigilant and attentive to inmate and institution security and safety.

Staff are highly visible throughout the institution and ready and available to inmates and inmates are encouraged to report any incidents of misconduct or otherwise inappropriate behavior. Formal and informal grievance procedures are in place to ensure timely investigation and response to any issue of concern raised by an inmate regarding his or her confinement.

All allegations of sexual misconduct or staff sexual misconduct are referred to the Department of Justice, Office of the Inspector General. Appropriate cases of staff misconduct are referred for criminal prosecution. Similarly, all allegations of inmate-on-inmate sexual assaults are also taken very seriously. Each allegation is investigated by the Bureau's staff. Those that involve potentially criminal behavior are promptly referred to the Federal

Bureau of Investigation, and depending on the outcome, may be referred for prosecution.

I'm proud of the work Bureau staff do each and every day to maintain the safety and security of the public, our staff, and the inmates in our custody. I am confident the Bureau's comprehensive approach minimizes the potential for sexual abuse of inmates, but one instance of sexual abuse in prison is one too many, and therefore, we continue to review our policies and procedures in search of enhancements and refinements.

Mr. Chairman and Panel, this concludes my remarks. I'd be happy to answer any questions you may have regarding these issues and others.

DR. WILKINSON: Thank you, Director Lappin.

We probably just want to have kind of a fireside chat with you more so than a kind of a formal hearing because it was a really good visit that I had to Elkton. It doesn't mean there aren't any incidents, you know, and we do have a list of incidents that you reported some, you know, substantiated and some not, but, you know, it's

required that we, you know, look on the list of the institutions throughout the country at a low prevalence of sexual misconduct and, you know, FCI stood out very highly.

So you were invited, and plus, we try to get diversity, you know, in there and you'll see we had a female facility and BOP. So we wanted, you know, some diversity there, but I wanted to say, you know, during my visit with the staff, how gracious, you know, they were and pretty open about, you know, the institution itself, and Dr. Clifford spent an awful lot of time making sure that we understood everything we wanted to know. Joe Swiderski and I found our way there. It was a little bit like Lewis and Clark trying to get to, you know, this facility, but we got there and I'm glad we did.

So, you know, Director, just want to let you know that we were treated very graciously and there was nothing that we didn't want to see that we didn't or -- so we appreciate that.

The other thing that stood out to me, and I know that each, you know, prison has a culture of its

own, but you can generally kind of sum up the attitude of a prison in the first five minutes you're inside the gate by, you know, the staff and how well they appear to like where they are, you know, quite frankly, and I know Elkton has had its share of people who, you know, probably didn't need to be there, and some aren't, and some probably still are, and there are issues to contend with, but that was not the overall culture that at least I observed from FCI Elkton.

So we got there and was greeted by Dr. Clifford and several other staff and we eventually went to meet with another group, and I'm kind of letting you know kind of part this scenario because an interesting thing happened that I think a lot of facilities can take note of, that something called -- and Dr. Clifford help me with the name of the group --

DR. CLIFFORD: Sure.

DR. WILKINSON: -- an executive committee or advisory committee --

DR. CLIFFORD: Executive board out of the

Cleveland office was visiting.

DR. WILKINSON: Okay. And so it happens to be the same day that the executive board of the Cleveland office -- which is an advisory group, I presume, of sorts; is that right?

MR. SHARTLE: I'm not sure.

DR. CLIFFORD: The Federal Executive Board.

MR. SHARTLE: Typically it's a collection of the heads of agencies, the heads of installations. Elkton happens to be the -- affiliated with the Cleveland group and so --

DR. WILKINSON: Okay.

MR. SHARTLE: -- what I'm assuming happened was they were --

DR. WILKINSON: So you had a meeting at Elkton?

MR. SHARTLE: Right.

DR. WILKINSON: But they kind of cover -- you know, whenever they go to these facilities, they kind of cover -- well, even the Ohio State Highway Patrol was there --

DR. CLIFFORD: Right.

DR. WILKINSON: -- which was -- so it wasn't just all federal. They had, you know, citizens and a number of other people. So the warden asked me if I'd give a speech to them and so kind of an impromptu -- it worked out well because I got to tell them everything and all things about PREA, which, you know, was -- it seemed to make the -- I don't know if it made the meeting more interesting or not, but they certainly knew why we were there and they were FBI agents and people from NASA and, you know, you name it.

So it was a very good meeting and we did eat lunch at the facility and we lived. So it was good.

DR. CLIFFORD: Dr. Wilkinson, the Community Relations Board was also meeting that day. So they were --

DR. WILKINSON: Right. So you had the Community Relations Board and the Federal Executive Board.

DR. CLIFFORD: Uh-huh.

DR. WILKINSON: So it was a busy day and then, you know, we were kind of there as well. So it

was kind of, you know, along the way.

So we'll get into that, but I'd like to maybe start out by, you know, asking the former warden of FCI Elkton, you know, kind as a person there on the ground, you know, and if you're a new facility as well, you know, kind of what's important from a management point of view, as a leadership point of view, as a person who's directly responsible for, you know, what happens. I mean you'll be the person who will get called in the middle of the night if there is an allegation of any type for the most part.

So how do you instill in staff? How do you get cooperation from the union? How do you all these things? How do you make sure the training is the right training? So how do you make sure that the "Is" are dotted and the "Ts" are crossed and, you know, all that?

MR. SHARTLE: Well, I've given a lot of thought to -- I've anticipated that question, Mr. Chairman, and frankly, I'm just so proud to be affiliated with the organization that I'm part of, and I'm not saying this because my boss is here. This is

the absolute truth.

The word "culture" has been used a number of times today. We've sat in on some of the earlier sessions, and the culture in the Bureau of Prisons is one that just does not give lip service to the importance of this program. This is something that we're taught from the day we walk in through our careers, through annual refresher training, and we're constantly refining our approach to the issue of sexual assault and prison rape.

You know, I remember when I was a young manager back in the '90s and this just being instilled that there was no such thing as a dismissive allegation. Every allegation is taken extremely seriously. Whether you think this inmate is manipulative or not, that's not your decision to make. The protocols go in place and we follow that and we do, and I think as an agency, we just do a very fine job of that and it is part of our culture.

And the word that I wrote down, you know, as I was anticipating this is "buy-in" and really what you need is the buy-in, not just from the management

staff and the executive staff, but from the correctional officer who is walking through the unit and just sort of senses that something is wrong or the case manager who's talking to the inmate and they seem a little distracted and they have that sixth sense to sort of pursue that and find out if something is going on. And once they have that awareness that something is going on, again, the protocols kick in and everybody -- it has been my experience, in my twenty-plus years of experience with the Bureau of Prisons, that I have not been witness to one case where somebody just said, "You know what, that was nothing." When there's even the slightest sense of it, it kicks in.

I had the good fortune -- and I'm going to over talk now just a little bit.

DR. WILKINSON: Go ahead.

MR. SHARTLE: I had the really very good fortune in my first tenure as warden at Elkton to have a gentleman like Paul Clifford as my chief psychologist because Paul kept me very much on the straight and narrow and if there was a hint/an

allegation/a whisper of some kind of a sexual situation, Paul was on my door. "Boss, I need to tell you this. I don't know if we have anything here yet, but I want you to be aware that there's something kind of brewing. We're still pulling the facts together, but I wanted you to be aware of it right now so in case there are decisions to be made, you're aware and I'll keep you posted."

So I had really good fortune in that regard, but to answer your question directly, I think it's buy-in. The leadership at the top, through the wardens to the associate wardens, the managers, and ultimately that correctional officer who's walking the unit, all have the buy-in to this as being extremely important.

DR. WILKINSON: And the -- Director, you mentioned policy, so this is not just, you know -- I mean you have to codify kind of -- or the agency does about, you know, for the most part not micromanaging how they do this, but there's some broad parameters that are part of code, the agency code.

MR. LAPPIN: It is and it goes -- as the

warden mentioned, it goes back as long as I've been in the Bureau as well. Again, we didn't call it PREA at the time, but there's always been a program statement on sexual assault and incidents of sexual assault in our institutions.

Now, granted, over the years it has evolved. It has become more specific and more detailed and it outlines really five primary areas of detection, prevention, intervention, investigation, discipline/prosecution, and certainly in addition of that is care of a victim, if you have a victim in those cases. And some of this was addressed soon after the PREA Commission was created and the raising of the awareness of this concern. On the other hand, this has continued to evolve at least over the last twenty-six years that I've been in the Bureau of Prisons.

The warden's been really lucky that he's been at places that have that culture and I'm thankful to say that many of our places have that culture. On the other hand, I see the entire Bureau of Prisons every day, all 116 prisons, fourteen private contract

facilities, and now 213,000 inmates. Incidents do occur and I think what we've improved on, when they do occur, is our reaction to those incidents. When we make a mistake or we're unaware of an incident that occurs, and I think we're better at that today than we've ever been in the past, but even in those cases, the cultures today at some locations aren't as strong as what we'd like and we have to continue to be aware of that and improve on those whenever possible.

So, again, I think the policy -- from early on I think there's three key aspects of any initiative like this. You've got to have a policy. You've got to train your staff on that policy regularly. You've got to train the inmates. They have to understand what their role -- their rights are, their obligations are, and their avenues by which they can speak out, and finally, I think you've got to have some oversight.

We're blessed in the Bureau of Prisons as large as we are that we can have a separate oversight group. So the warden, even though he's practicing this policy every day, he also knows in the back of

his mind that several times a year, a team of people are going to come in there and they're going to look at the policy. They're going to look at the incidents where there is a sexual, physical or verbal assault, or an escape or whatever, and somebody's going to critique what occurred, how did you react to that, did you follow a policy, and if you didn't, make some recommendations as to what you need to do to improve upon the adherence of that policy in the future. And so I think when those three aspects are in place, you're more successful. It's not perfect, but you're most successful.

DR. WILKINSON: As a -- and I would have asked this to the lieutenant, but you can give the perspective for the whole agency. We know even the best facilities sometimes have incidents that, you know, you don't, you know, want to take place.

So tell me about first responding. I mean how do you, you know, deal with that? Are staff trained on being first responders? What do you do with both the accused and the accuser? You know, what do you do to preserve evidence? You know, so just

kind of walk us through what happens when --

MR. SCHWINN: And I'm going to speak in general terms. We would take very similar protocols whether it's a staff-on-inmate case or an inmate-on-inmate case.

As you've heard already, the initial point that will kick in the protocols will be the allegation. Whether it's verbal, written, however any staff member in the Bureau of Prisons receives that allegation, it's reported to our operations lieutenant office. The operations lieutenant will then notify the chief of correctional services, as well as the local investigator, the SIS office, and an investigation will begin immediately.

That's also going to reported on a Report of Incident. That's not to be confused with an incident report or an inmate misconduct. It's where the institution is reporting that we've had an incident at this location. That report is forwarded through channels, through our regional offices, to the central office so there's oversight --

DR. WILKINSON: That's all done

electronically then?

MR. SCHWINN: Correct.

DR. WILKINSON: Okay.

MR. SCHWINN: Correct. So as that report is being done, the investigator will report. Of course, we will pull the alleged victim to a safe area to where we can initiate the investigation, collect as much evidence as we can collect on the spot. At which time we're also collecting enough data to brief the executive staff on the incidents that have occurred.

We will also initiate our evidence collection procedures. We collect evidence in line with the way the FBI collects evidence, in the hopes that AUSAs will be used in the exact same way that other federal agencies present evidence. So then we will collect our evidence in that exact same manner.

Through training, we have improved on getting our investigators to understand that this is not an assault -- or a physical assault, a fight for lack of better terms, that they need to be more sensitive to what kind of incident it is. So we will begin the rape protocol kit at that time, which we

will collect all the belongings that the inmate has. The inmate will go to medical for an initial evaluation. We'll put them in a suit, then we'll collect the rest of the evidence. Once the initial examination is done at medical, we would request to the warden to have the inmate moved to a local hospital to have a rape protocol kit completed.

We will maintain that kit into evidence to be used in prosecutions later. We would brief the warden on any known danger areas for the inmate. For example, "Warden, we don't know who the assailant is and the inmate can't identify them," or, "The inmate has identified this inmate as the assailant. Also be aware that that inmate is a gang member affiliated with this gang," all the danger areas that may be.

Once that has taken place, then the warden really will kick in and direct from there. We've initiated the investigation. The report is moving. We've safeguarded the institution as well as the inmate.

MS. SEYMOUR: My question is why did Dr. Wilkinson get to go to the Federal Bureau of

Prisons with the lowest level of reporting and I got Fluvanna?

DR. WILKINSON: Well, that's not the only one I went to.

MS. SEYMOUR: I'm kidding you.

I want to comment on something you said, Warden Shartle, that just really struck me, that it's not up to the individual to make a decision if there's manipulation or whatever word you want to use because you have a policy and you have a protocol. And I don't know, it just seems that that's so critically important to everything that we're talking about, that it's not up to an individual to decide. So I really credit you with that.

Yeah, my question was, Harley, you mentioned part of your policy, and I appreciate it, is the prompt and effective response to the various needs of victims and I don't know, Dr. Clifford, if you would be the one to address this, but what are sort of the needs of victims and when would some of whatever services you provide kick in to someone who's a victim?

DR. CLIFFORD: Sure. Sure. And one of the things that needs to occur, first and foremost, is proper notifications. So the notifications would include notification of psychology services specifically needs a program coordinator and a chief psychologist.

Services in terms of assessment of trauma, effects of trauma, other associated mental health difficulties need to be assessed by policy within twenty-four hours, but when this has occurred, we've done this immediately and whether we're -- you know, during normal business hours or whether we respond on an on-call basis, and we will come in, and we will fully assess the individual who is the alleged victim and may include work-up for suicide-risk potential as well, and then from there, there's going to be a variety of treatment needs that could be potentially identified for both immediate as well as kind of intermediate or longer term follow-up.

MS. SEYMOUR: And those are all provided within the institution?

DR. CLIFFORD: Correct. We're going to be

able to provide a vast majority of services within the institution by the Psychology Services Department. If something of a maybe more protracted or such a severe kind of response that would warrant transfer to one of our inpatient mental health centers would be indicated, then we would make that occur.

MS. SEYMOUR: And then if I understand the rape kit protocol, that's all done off campus.

DR. CLIFFORD: Correct.

MS. SEYMOUR: And is that protocol, is that the same for a case whether it's a sexual assault not involving penetration or a rape involving penetration? When does the rape kit protocol kick in?

DR. CLIFFORD: It's going to be -- there are some parameters that are provided to us in terms of an allegation -- recent allegation of rape, oral sodomy, sexual assault with an object or some other serious sexual assault.

Now, there may be some allegation that an inmate was touched on his buttocks as he's walking through the unit, say, or something. Each of those allegations will be looked at, with medical providing

some direction as well as correctional services. We're going to err on the side of caution, of course, and make sure that the rape kit is instituted at an outside hospital, but -- so it's -- you know, it's -- there are parameters and standards, but I think we're also individualizing our response in a coordinated fashion.

MS. SEYMOUR: Now, I'm sorry to keep comparing -- I appreciate that because there seemed to be a focus on penetration in our earlier panel, which is not the case in most of these cases.

MR. LAPPIN: Let me make sure we answered your question.

MS. SEYMOUR: Yeah.

MR. LAPPIN: In cases other than penetration --

MS. SEYMOUR: Right.

MR. LAPPIN: -- are there procedures and protocols such as that --

MS. SEYMOUR: Yeah.

MR. LAPPIN: -- applicable or provided by Psychology Services and my guess is that is the case.

DR. CLIFFORD: That is the case.

MR. LAPPIN: Yeah, so if it's something less severe than that -- now, granted, if somebody complains they've been grabbed on the buttocks --

MS. SEYMOUR: Yeah.

MR. LAPPIN: -- it's not going to be as far reaching as some threat of sexual assault, I would assume. I think you would agree.

DR. CLIFFORD: Uh-huh. Right.

MR. LAPPIN: So those types of protocols would go into play in those more serious allegations, even if penetration occurred. It could just be the threat of penetration or threat of a rape that they might go into play. I think that would be the case.

DR. CLIFFORD: You're correct, sir.

MR. LAPPIN: Yeah.

DR. CHRISTENSEN: You described the investigators when you described the whole investigative process where people went through, and then you said basically once you got that whole initial phase taken care of, then you handed it off to the warden.

About, on average, what kind of timeframes are we talking about?

MS. SCHWINN: My personal experience, the last one I was involved in, we're looking at about a two-hour window.

DR. CHRISTENSEN: So from the time the incident is reported to you --

MR. SCHWINN: Correct.

DR. CHRISTENSEN: -- till the time that you initially report to the warden?

MR. SCHWINN: No. No.

DR. CHRISTENSEN: No, that's -- no.

MR. SCHWINN: That's to where we're in the hospital during the rape protocol kit.

DR. CHRISTENSEN: Okay. And then after the -- so how long does it take to get to the warden?

MR. SCHWINN: Almost immediately.

MR. SHARTLE: If there's an allegation, if there -- in my experience, and I would say this is true by and large, if there is an allegation that there's been a sexual assault, within minutes of Dr. Clifford or the SIS becoming aware of it, I'm going to

be told about it, and really basically how that's going to be communicated is kind of as I described before. We have an allegation. It looks serious. We don't have all the facts. We're implementing the protocols and we're going to keep you posted through the process.

DR. CHRISTENSEN: So even prior to protocols?

MR. SHARTLE: Absolutely.

DR. WILKINSON: So that's even if you're on the golf course?

MR. SHARTLE: That's if I'm anywhere. I'm getting a phone call in the middle of the night or yes. "Boss, we have a serious situation here. I wanted you to know about it. We're running the protocols." And then what I would do in my role is essentially just kind of get a sense of assurance. Okay. "Who is it? You know, what do we know? What's your plan? Run it down to me real quick. Okay. That sounds good. Go forward," or "Hey, let's make sure we check this out in the meantime. Keep me posted as soon as you know something." And then I'm usually off

the golf course because I'm heading into the institution or somewhere where I can be more effective.

DR. WILKINSON: So it does look like there's a type of timelines between --

DR. CHRISTENSEN: Just enough to give them an excuse on one bad tee shot.

MR. SCHWINN: Yeah, there you go.

MR. LAPPIN: I think, though, the reality is when somebody comes to us days and weeks after the incident occurred, much more difficult to have the similar type approach because of the age of the allegation or the incident. So those, I'm sure, are handled a little bit differently than if something occurs and -- just in the recent past.

MR. SHARTLE: Yes. Yes, and for clarification, I was speaking specifically to an emergent situation right then and there. Yes, sir.

DR. CHRISTENSEN: And that's also a great point and a good follow-up question. Thank you for reading my mind, but -- so in those cases, after -- when it's not emergent, obviously it's

happened however long ago. How does your protocol change?

MR. SCHWINN: It really doesn't. We still follow the same protocol, and if I can clarify, my first comment on the investigation was just as an investigator standpoint, but at the same time, psychology's involved. There's many different entities that come together at that initial phase.

For example, if we become aware of a situation that is reported that happened four months ago, my very first call is going to be to Psychology because I need the psychologist to come and tell me, but we're still going to start implementing, just like we would if it happened today, with the exception of there's going to be very less likelihood of physical evidence. So as far as doing evidence collection, that would be scaled back considerably.

DR. CLIFFORD: The policy doesn't differentiate in terms of length of time since the alleged incident occurred. So we enact it whether it was alleged to have happened an hour ago or six months ago. It may -- we're going to pull out all the stops

in terms of needing to fully investigate and follow through, offer, you know, treatment services, et cetera. It may limit, I believe, the degree to which the investigative finding -- or excuse me. In terms of some of the results that we can glean from the investigation, but in terms of the processes that are in place if an inmate new to our institution comes in and there is some allegation or something in the paperwork which suggests that a sexual assault occurred within the Bureau of Prisons, there needs to be notification of Psychology, but there also needs to be research to ensure that that was fully investigated and properly documented, and if it does not exist, then that needs to be referred to the captain and the program statement will then ensure.

DR. CHRISTENSEN: Thank you.

What are the guidelines for timeframes on collection of physical evidence?

MR. SCHWINN: I would have to get you the specific language. We immediately collect the evidence.

DR. CHRISTENSEN: I'm sorry. I'm talking

about cases that have happened, you know, several weeks hence, you know, like a few weeks ago, like a month ago, whatever. When do you decide not to collect physical evidence, like initiation of a rape kit, going to a hospital, and all that kind of stuff?

MR. SCHWINN: That, I don't think there's any specific guideline. I think as an investigator, we would use -- we would talk to the psychologist. We would talk to medical. Is there a possibility? We would still collect clothing, take photographs, everything we could possibly do to collect any bit of evidence that we could.

DR. CHRISTENSEN: I see, but you may not do the rape kit evidence down at the local hospital?

MR. SCHWINN: Correct.

DR. CHRISTENSEN: And you -- is anybody aware --

MR. LAPPIN: But there may be an examination. There would probably be an examination.

DR. CHRISTENSEN: Regardless, just as --

MR. LAPPIN: Regardless, but I doubt that we'd take a -- do a rape kit given the fact that it

happened weeks, days -- weeks or months ago, but certainly do it --

DR. CHRISTENSEN: Would that be left -- I'm sorry to interrupt, but would that be left up to the person who's doing the examination, saying -- and they'd tell you that there's no need, there's no purpose in doing a rape kit or I'm trying to get a feel for how that decision is made.

MS. SEYMOUR: Are you talking about timing, like forty-eight hours or --

DR. CHRISTENSEN: Yeah, how long after --

MS. SEYMOUR: -- yeah, I understand what you're asking.

MR. LAPPIN: Correct me if I'm wrong, my guess is we would rely on the FBI to help us with that. We rely on folks who are doing this more routinely.

DR. CHRISTENSEN: So they'd know --

MR. LAPPIN: We have a great relationship with them. In some places we have FBI agents in our facilities, and so we'd be working with them about determining the appropriateness of a rape kit given

how long ago the incident occurred.

DR. CHRISTENSEN: Okay.

MS. SEYMOUR: Because you could have tears at five days ago are still going to be --

MR. LAPPIN: That's right.

MS. SEYMOUR: -- with --

MR. LAPPIN: Yeah. The examination and the rape kit are two different things.

DR. WILKINSON: Do you have a thought about that, Dr. Clifford?

DR. CLIFFORD: Well, no, just that we look at it within the context of the allegation and making sure that we're consulting all -- whether it's investigative parties or the medical director or the institution in terms of given this allegation, you know, what -- you know, what do we need to ensure is done so that we can collect all possible evidence? And so erring on the side of caution is certainly there for --

DR. WILKINSON: One of the things I observed, and going back to the original question that I asked of Warden Shartle about kind of the climate,

and he said buy-in. I certainly saw that, but it's more than just buy-in seemingly at Elkton.

Although I know, you know, PREA kind of issues are very conscious on the mind of people, but it also seemed to be kind of muscle memory. It didn't seem to be something that you had to, okay, now I got to think about PREA and whatever else. It just seemed to happen naturally that these kinds of things are going on.

So how do you get to culture, for any of you, to the point where, you know, it's muscle memory or a third eye rather than something you got to have a checklist for?

MR. SHARTLE: I'll take it. Oh, go ahead, sir.

MR. LAPPIN: Let me just start with a more national and then we'll take it down to the --

DR. WILKINSON: Okay.

MR. LAPPIN: -- local level. I think that part of that muscle memory comes in part by making your policy operational. So in a way, that checklist does drive to a degree. So we have an automated

instant reporting system. So we've taken the guidelines, the checklist for PREA, and we've made it part of that investigative process. So when they go to a 583 or our incident reporting system on a sexual assault, the checklist comes up and our staff begin to work through that process, and to help with the oversight of that, besides the audit process, we now have -- we have coordinators locally, like Dr. Clifford, but now we have them at the regional and central office level. So as this gets reported up through, people are beginning to look at that incident information gathering earlier in the process than at the end, and so there's some checks and balances there.

And so we've changed our training to provide specialized training for the investigative staff on sexual assaults and PREA-related requirements, as well as urged wardens to take a little different approach than we did in the past on certain issues, such as what do we do with the victim.

So prior to 2008, my guess is most of the time the inmate ended up in segregation, and now we've

issued a national memo that says when you have this victim, you must consider these options prior to segregation, transfer to another facility, so on and so forth, and if you're going to do anything other than that, you have to justify why you decided to use segregation as the option in lieu of these other options.

So some of those things have become more operational in nature given what we've learned over the last few years by experience and also by what has been initiated by PREA.

DR. WILKINSON: And we want to come back to say, I know Anne does, but at the local level, kind of what's your thinking? I mean because, you know, it all seemed to be kind of integrated to me, you know, that, you know, if you have a good recreation program, then you're going to have fewer incidences and there are cameras everywhere, and the warden explained to me that the cameras were just, you know, to find bad things that are going on, but as a deterrent, you know.

DR. CLIFFORD: I think even going into this,

the two words -- the concepts that ring so true to me, I think at the institution as well, and I know as an agency, is culture and continuum, that it's not just a culture, which was talked about today, in terms of direct relevance to PREA, but in terms of culture of good correctional excellence and I know that's been -- it's instilled in staff upon -- in the selection process and upon arrival, and with that, there -- within that culture of good correctional awareness and follow-up is this culture of creating an environment which decreases the chance of not only sexual -- you know, overtly sexual abusive behavior occurring, but all those other behaviors even backing up -- it was mentioned earlier about verbal statements --

MS. SEYMOUR: Yeah.

DR. CLIFFORD: -- but I'm taking it back even further to an environment which is non-sexualized, which is not personal, where there's professional boundaries that are maintained at all times so that information is inappropriate to talk to inmates about is not talked about, that, you know,

staff are very aware of what sorts of materials they have on their desks or on their bulletin boards or what have you, and just aware of all of those sort of more subtle interactions and that efforts to address those are taken early on.

So, you know, the culture part, and also then addresses the continuum part and I've just been impressed of, you know, the wardens that we've had here at Elkton, to include Warden Shartle and now Warden Farley, that proactive approach and broken windows, it just -- our current warden actually used that particular phrase not too long ago in communicating to us about a continuum approach in terms of being proactive.

I'd also like to add I think you need people that are diligent and passionate in terms of enacting a policy. The policy needs to be workable and operational, which it is, and then you need individuals to follow through on that and enact that, and so for me that's living it day-to-day in what we do.

MR. SHARTLE: If I could offer one other

point on this, I think that there's also an element of reinforcement through recognition, and one of the things that we do with our staff is impart to them from the beginning of their career and throughout the importance -- we're here because we're in charge of maintaining these -- the lives of these people for the period of incarceration. And so, you know, a correctional officer's work can be ninety percent boredom and ten percent mayhem sometimes, you know, because of just the nature of the work sometimes, but our staff are trained to just be very mindful of those situations, again, as I said, where there may be some kind of crisis awareness, whether it's a sexual assault or whether -- you know, the other thing we deal with is suicide awareness/suicide prevention, and tuning our staff into those signals that might indicate that inmate is in crisis and part of that is that the staff, when they are tuned into that, we make real sure that we're giving them positive reinforcement and we're elevating the fact that officer so-and-so was on the front line of recognizing that this inmate was in crisis and he brought it

forward, and, you know, those folks are recognized.

And so, I mean, there really is a sense of positive reinforcement. Not that we're, you know, buying them off in any sense, but I think that's an important element, to make sure that the importance of that is brought full circle through the recognition that, "Hey, you did a really -- you saved this man's life, Officer so-and-so. You saved this man's life or you intervened in a situation where this guy had been sexually assaulted and you personally can take pride in that." And I think we do a very good job overall of doing that.

MS. SEYMOUR: What if an inmate is alleging repeated threats or intimidation? It's not an actual assault. Is there a protocol for that?

MR. SHARTLE: So the question is if an inmate is alleging sort of vague threats --

MS. SEYMOUR: Yeah.

MR. SHARTLE: -- to his safety? Well, I'm going to tell you that that happens a lot. We have inmates who, for whatever reason, some are real and some are not --

MS. SEYMOUR: Right.

MR. SHARTLE: -- but we have to take them all seriously. Again, we have to take them seriously. An inmate may allege that they are being threatened by some unknown group of folks because they have some issue that they just -- they want to be taken off the compound, for example. They may owe money or they may have some kind of other issue and they just need to be taken off the compound, so they make some vague threat and they are -- then they'll be put in a special housing unit.

How we deal with that is through the investigative office who will then initiate an investigation to find out what's going on, and then that takes on a whole life of its own. We have verified and unverified threats, and sometimes the threats will never be verified, and I'm going to let -- if it's all right with you, I'm going to let this man talk about how that process works a little bit.

MR. SCHWINN: And we do have inmates that make repeated threats or state that they have been

threatened repeatedly. When we conduct our investigation, if we can find no evidence that there was a threat existed, we would recommend that the warden approve us to classify that inmate as an unverified protective custody case and we would place them back into general population.

As an investigator, I would also make further recommendations. I would recommend this inmate be placed in the cell next to the officer's station or this inmate be placed right underneath a camera or something that would allow us to be able to -- if it is occurring, for us to easier be able to collect evidence the next time that allegation is made.

MR. LAPPIN: This is probably one of the most challenging parts of managing inmates of this type, and if you go to our segregation units and you start going down the list, you're going to find a group of verified protective custody inmates. Much easier because they provide you the information you need to determine there's a threat, and in those cases, we're much more successful because we can

then -- we have the luxury -- most states do, not so much so in the smaller states, of moving them to another location where they then can return to the general population.

The most difficult group of all are the unverified protection cases that are unwilling to provide you the information you need or, in fact, are manipulative and are using this as a vehicle to get something else that they want: a transfer, a different unit team, different housing, you name it. And so we have, as I'm sure many other directors of corrections and wardens have, long discussions about how to manage these unverified protection cases because you don't want to sometimes risk putting them back on the compound. On the other hand, it's expensive to move them all around the country/around the state and --

DR. WILKINSON: But if you --

MR. LAPPIN: -- it takes away from the resources because they're investigating these same people over and over and over again, oftentimes without very good reason.

DR. WILKINSON: But if you think they want a transfer and you threaten -- because you can move them to California --

MR. LAPPIN: Right.

DR. WILKINSON: -- you know, so they may want to get closer to home instead of further from home. You can probably find out pretty quickly if they want to go anywhere or not.

MR. LAPPIN: We have that leverage in the Bureau of Prisons to say, "You know what? You want to transfer? You're right. You're going to California." And sometimes they change their tune. Some just don't want to be where they're at. They're very open about it. "I don't want to be here and I'm threatened," and so you have to go through that whole process.

So it is one of the more frustrating aspects of what we do and very time consuming and cumbersome for the investigative staff and the warden sometimes.

MR. SHARTLE: Just to color that in for -- thank you, sir.

Just to color that in, in terms of the big picture, every week we meet. I meet with my

corrections staff, unit management staff, and we conduct a special housing review of every inmate in special housing, what's their status, and particularly with the unverified protective custody cases, we go over has there been any movement with this? Has he come forward with any information? And we -- you know, we go over these in a very detailed manner, and often nothing comes up for a long time, but we do -- it's not like they go into the -- into special housing and they're lost. They're reviewed at least once a week by me personally and by my staff.

MR. LAPPIN: And I think the other benefit there is that this is mandated bureau-wide that there's a weekly seg review. It also helps you stay on top of the length of those investigations. Why is this dragging on for two and three and four months? Now, there may be very good reason for that, especially if some of the participants are no longer at your institution. They're at some place across the country or they're released. On the other hand, it does help you better manage the length of those investigations, which I know is another significant

concern of the sexual assault related issues.

DR. WILKINSON: Mr. Schwinn, you talked about the options. If a person comes and makes an allegation that he or she has been sexually assaulted, you mentioned they are sometimes taken to a place and interviewed and what have you.

How often does taking a person to a place end up in segregation for the person who's making the allegation?

MR. SCHWINN: Honestly, sir, I wouldn't have a specific number for you. I am -- at headquarters right now, when -- as the director spoke, when direction was given out to the wardens to start looking at this option, that option, that option, I was not in the field. So I don't know how that has changed since that direction has gone out.

DR. WILKINSON: Warden, do you have any idea of what --

MR. LAPPIN: If I understand your question, you're saying how do we manage that?

DR. WILKINSON: Yeah, how do you -- I mean we know that some people go to seg, you know,

because -- for protection or for whatever reason.

MR. LAPPIN: Right.

DR. WILKINSON: You know, it's just a neutral place to conduct the investigation and for whatever reason. Sometimes the person could be lying, you know. Who knows?

MR. LAPPIN: Sure.

DR. WILKINSON: But what we're trying to do is, you know, get a better handle on when does it become punishment, you know, to put a person in seg if you're the victim?

MR. SHARTLE: And I think that's why the direction was provided a few years back that, you know, certainly it can be a deterrent for somebody who has been assaulted to come forward for the very idea that they might end up in the special housing unit, and so the direction that we were provided, and the director has it in front of him here, addresses that, that there are other options, that there -- you know, there's medical. There are other places within the institution that you can perhaps house this person so that they're not feeling like they're being punished

for being a victim.

Fortunately, I haven't had to deal with it all that many times. I say that as a -- I acknowledge the good fortune of that, but I can tell you that as a practice -- thank you. I keep forgetting about the microphone. Sorry.

I can --

DR. WILKINSON: The microphone is more for the court reporter --

MR. SHARTLE: Okay.

DR. WILKINSON: -- than the audio.

MR. SHARTLE: I can tell you, though, that as a practice if I were confronted with that tomorrow, that would be my first consideration. Can we -- you know, this victim, can we keep them in the medical department? Can we put them some other safe place within the institution so that they're not feeling like they're being penalized for coming forward and bringing this allegation forward?

MR. LAPPIN: I'm just going to speak in generalizations.

DR. WILKINSON: Go ahead.

MR. LAPPIN: I think initially more often than not, they're placed in segregation, primarily for their own safety first and to allow at least some assessment of the situation. That may be true without a doubt if we know who the perpetrator was. They're both going to go to segregation, at least initially, especially if they occur in the evening and the morning watch when you have the fewest staff there.

Now, again, a protocol begins and the support staff arrive, the investigative staff arrive, but my guess is more often than not, initially segregation is your best option for -- whether it's in seg or in the hospital or somewhere else, but removal from the general population is the best option at least in the first twenty-four hours to determine the steps, and I think the issue for us is what happens thereafter? You know, what should you, Warden, be thinking about for the longer term, that is, after the twenty-four, forty-eight, seventy-two hours, and that's why we provided this guidance, which I'm happy to provide to the Committee.

DR. WILKINSON: Yeah, we would like to add

it to the --

MR. LAPPIN: And it lays out, Warden, here's what we want you to think about. Here are the things we want you to think about, the nature of the allegations. We want you to think about the medical or psychological assessment and treatment needs, the status of the inmate. Is this a sentenced inmate designated to an institution? Is this an inmate in there on a writ being transferred to another location? All of those issues. Whether reassignment to another unit within the prison would still afford that safety in lieu of segregation, the ability to monitor the inmate closely in the general population. What is your ability?

And, again, some of that goes to facility design. You know, today in our more modern facilities, the visibility is much better than our old designed facilities, where you have these cell blocks where your technology is not nearly as efficient as in your newer, more modern facilities. The ability -- the expected length of the investigation, ability of a local facility -- so if it's at Elkton,

Loretto is an hour-and-a-half away. Is Loretto an option that might provide some protection and -- in lieu of that? And other factors.

So these are the things we want you to consider and if you're going to do something -- at the end of the day, you've got to justify why segregation's the only option, and so we'd be more than happy to provide this direction that we provided the actual --

DR. CLIFFORD: If I could add a piece to that as well --

DR. WILKINSON: Sure.

DR. CLIFFORD: -- in terms of I see psychology's role in terms of providing services as providing that counseling -- part of the counseling piece is explaining the process to the individual who's the victim or the alleged victim and explaining this is the rationale and this is what's occurring. As much as I can, I'm going to tell them what to anticipate will occur and the reason for that and that it's there to protect. It's there to ensure that we can follow through adequately and effectively upon

their needs, with the understanding that in many cases it may feel punitive to them.

So to -- you know, for me it's a part of the counseling approach in responding to a victim, you know, if we have to place them in the special housing unit.

DR. WILKINSON: Yeah, and I do think it's important what the director mentioned, what happens after that and how long is that person in segregation.

DR. CLIFFORD: There's no pat answer that stands true today. It may change tomorrow. It may change next week in terms of what your options and what you're going to be able to provide and I think it's --

DR. WILKINSON: But I think it's a big help, what you just said, that you're explaining to the potential victim why you're doing what you're doing.

DR. CLIFFORD: Uh-huh.

DR. WILKINSON: I mean that's a big part of it rather than just gathering a person up and saying --

DR. CLIFFORD: Uh-huh.

DR. WILKINSON: -- "Here, let's go here until we straighten this out."

DR. CLIFFORD: Uh-huh. Absolutely. I think in terms of kind of the coordinated response it is just that, a coordinated response which has a whole continuum. It's not just investigative psychology and medical, but these all -- all the services blend together and so I may not be investigating the case or the allegation, but I certainly need to help address that, help that individual understand that process.

DR. WILKINSON: Gary?

MS. SEYMOUR: Do they use leashes?

DR. WILKINSON: No, I don't think so. You can ask them.

MS. SEYMOUR: No. No, I'm -- this is all right.

DR. WILKINSON: Okay. I think we have what we need from you, you know, quite frankly. We would like, Director, to have a copy of that policy you have with you for the record.

MR. LAPPIN: Certainly.

DR. WILKINSON: Just want to congratulate

you. I mean I know not all institutions are created the same. Elkton is a low-medium security facility, and it also doesn't presuppose that all low security facilities are without sexual assaults, and we didn't get to the -- what didn't we get to, the low or the medium?

MR. LAPPIN: You have kind of a hybrid there --

DR. WILKINSON: Right.

MR. LAPPIN: -- that was a camp that we put a fence around and created a -- what we call a --

MR. SHARTLE: A federal satellite --

MR. LAPPIN: -- federal satellite low --

DR. WILKINSON: Right.

MR. LAPPIN: -- all because there's not enough room elsewhere, so we created a level in between minimum and low. You probably didn't make it out to that facility.

DR. WILKINSON: No, we didn't make it out to that facility. So -- but we could've guessed what it was like.

Well, we want to thank you for your

testimony and joining us here today and congratulations. Mr. Director, you weren't here earlier and some of the staff, but it's not our mission to embarrass any agency, high or low prevalence, but to try gather information that ultimately might be helpful for the field itself. So, you know, despite the fact of what category you might fall into, the mission is the same, is to, you know, try to collect those best practices and, you know, I hate to say evidence-based because everybody says it's evidence-based when sometimes it isn't, but, you know, to collect, you know, good information that can in turn be shared and published and, you know, hopefully, first of all, conform to federal law, but, second, to just kind of improve, you know, living conditions, juvenile, adult, and detention facilities across the country.

So thank you.

MR. LAPPIN: Thank you.

MS. SEYMOUR: Thank you.

DR. WILKINSON: For those of you with Bridgeport, we will get started at 3:20.

(Whereupon, at 3:05 p.m., a brief recess was taken.)

C O N T I N U E D S E S S I O N

DR. WILKINSON: Thank you for being here. We will re-adjourn, if that's a word.

I do need to swear you in, if you don't mind raising your right hand.

Whereupon,

MARY BRANDIN AND STEVEN CONRY

were called as witnesses, and having been first duly sworn, were examined and testified as follows:

DR. WILKINSON: Thank you very much for representing the Bridgeport Pre-Release Transfer Center, kind of a long name, but we get the point, and at this time, we'd love to -- if you have an opening statement, love to hear it.

MR. CONRY: We do and thank you.

Good afternoon, Chairman and Panel members, and thank you on behalf of CCA for giving us this opportunity to provide remarks with regard to this important subject of eliminating sexual abuse in this country's correctional facilities.

My name is Steven Conry. I'm here today to

support our warden, Mary Brandin, and as CCA's company-wide PREA coordinator.

CCA is proud to be a leader in the PREA field and is deeply committed to the elimination of sexual abuse inside correctional facilities. We have worked diligently as a company and with our government partners to make significant changes that are changing inmate and staff behaviors. These changes or strategies are broken out into three distinct categories: a focus on prevention of incidents, a focus on not meeting but exceeding our contractual requirements and the current draft of PREA standards, and a focus on continual improvement of our policies and practices.

Some examples of those three focus areas include prevention, training, educating -- training staff, educating our detainees or prisoners, screening our detainees and prisoners upon intake, installation of cameras and recording devices, notification of local law enforcement officials and prosecutors when allegations are received, cooperation with the district attorney once prosecutions are initiated, and

then appropriate discipline for both staff and inmates when warranted.

Some examples of how CCA and the Bridgeport Facility exceeds our contractual requirements and the PREA standards, thus far, we're very proud of our corporate PREA committee. At the corporate level, we have a PREA committee that is a multidisciplinary panel of senior managers from the legal department, operations division, training area, mental health area, and our quality assurance division. And each time we have an allegation received at any one of our facilities, including Bridgeport, within forty-eight hours we convene a -- what we call a PREA call and we have a conference call with the subject facility and discuss the incident, go through a checklist that's associated with our PREA policy to ensure that all the requisite steps were taken, and then we discuss things such as where is the victim inmate? Where is the perpetrator inmate? If it's a staff-related case, has that staff member been removed from inmate contact at this point in time? Where are you going, Warden and staff, with the investigation?

So that is something that we are very proud of and we feel has brought this company and our contract facilities a long way in the field of PREA and basically not only just the proper reporting and processing of cases, but also in the prevention of cases.

Other examples include our installation at most facilities now of a digital platform for our telephone systems where the warden at each facility now can get an email or an alert through their iPhone if an inmate calls a staff member's home or listed cellular telephone number. Initiatives like that, we feel very good about being on the leading edge with that, as well as our own PREA vulnerability assessments that we are conducting at our facilities nationwide. At this time we've completed all our female-only facilities and are continuing with that process for now facilities that are all male-inmate based.

Lastly, some continual improvement examples I have for you today includes the millions of dollars we are spending each year on additional equipment to

add to our already expensive recording systems and cameras at our facilities, our signage, extensive signage that we post in each facility that we feel really speaks to both staff and inmates with regard to our zero tolerance culture around PREA. We purposely used models that more spoke to the inmate population or spoke to staff. In female facilities, we had female offenders in the posters, so on and so forth. If a facility was primarily Hispanic females, we would use Hispanic female models, so on and so forth. So I think that was a very positive program that we put into place two years ago.

And we're also looking at research in which our partners who help us with our psychological testing for our staff when they come onboard during the applicant stage, we're talking with that group to determine whether or not we can find common elements that could be asked during the psychological battery to better identify potential applicants who might have a propensity for sexual abuse of inmates.

We don't believe at this time that that company -- or we have found what those -- the right

questions are, nor are we at this point ready to introduce anything like that, but we have talked to them for the last twelve months about doing research in that regard and potentially red-flagging certain applicants depending on the way they answer those questions.

Lastly, as far as continuous improvement, we do use third-party experts such as the Moss Group to come in and look at our policies and do audits of some facilities from time to time to ensure that we're not missing anything that other folks in the industry are doing that would help us do better in the way of either preventing or better reporting or investigating PREA.

So it's our belief through execution of these strategies, that we have changed the culture in our facilities across the country in a very positive way and stand ready to share those best practices with this Panel today.

Those are the end of my prepared remarks. Thank you.

DR. WILKINSON: All right. Thank you for

your testimony.

Now, you're Nashville --

MR. CONRY: Yes, I am.

DR. WILKINSON: -- Nashville? I'm sorry.

DR. CHRISTENSEN: Nashville via New York City.

DR. WILKINSON: Yeah, via New York City.

Warden --

MS. BRANDIN: Yes?

DR. WILKINSON: -- any thoughts you want to share before we open up the questions?

MS. BRANDIN: Just that I'm overwhelmingly pleased with my staff and the facility, that the staff have worked genuinely throughout the last several years. We've had some good support through the CCA corporate officer, as well as through the State of Texas, and that combined together, I believe, has helped us succeed where we have.

There's still a lot of work to do. There's still a lot of educating to do, but we have a sound program in place, but it is ever changing. It's something that I think we have to continue to look at

on a regular, consistent basis and not get complacent, and that is probably the biggest challenge that we have is complacency. So that's really been our focus.

DR. WILKINSON: And just kind of for clarity purposes, all your inmates are from the Texas Department of Criminal Justice?

MS. BRANDIN: Yes.

DR. WILKINSON: Mr. Conry, I know we're here for Bridgeport, but I mean you can't ignore the notion, as we talked about kind of diversity in who's here today, to point out that it's Corrections Corporation of America and it's a privately operated organization.

Does that suggest that there are some differences there that are important to point out because I don't know what they are, in terms of managing these kinds of issues? As a privately operated organization, it means your not being a governmental body, do you have the same relationship with law enforcement, with, you know, other investigating bodies and so forth?

I mean I don't know what questions to ask

you about, whether or not there are any differences --

MR. CONRY: Yeah.

DR. WILKINSON: -- but if there are any, I'd kind of love to know what they are.

MR. CONRY: I think I know exactly what you're asking and the answer is that as a partnership corrections company, we have a -- I think an enhanced opportunity to do better in the area of PREA just because we partnered with our contracting agency, but also rely on our corporate resources to get things done, such as things that we can do independently, such as if it is our own building, putting more cameras in, putting signage up.

If we are not having, for instance, success in getting a case prosecuted maybe or somebody to be interested in the prosecution of a case, then we can go to our government partner and use their ability to make that happen through the county attorney or an attorney general's office, whatever that may be.

So I think there are greater opportunities when you have a private company working with a state or a local or a federal agency to do the work of

detention or prisons. So I think we're not hampered in any way, shape, or form. I think the partnership really allows us to go above and beyond.

We will take a partner agency's policies that through the contract we have to comply with and then enhance them, things that we see in the policy that we'd like to do above and beyond, like the PREA committee or the digital platform for inmate telephone system. It provides us a jumping off point to exceed both the standards and the contractual obligations. So we see it as an opportunity.

MS. SEYMOUR: I just love the concept of PREA fatigue, that you're training people and talking about it specifically at Bridgeport to the point where it is literally considered -- I think that's a great language that I wish everyone had PREA fatigue because I don't think you can be talking about it and not. So I wanted to congratulate you on that whole concept.

One of the reasons I really -- I was one of the reasons we chose Bridgeport, not just because it was Texas and I thought I'd get a free trip home because I ended up not going, but you have zero

reports and I mean zero, none, which is about as low as you can get.

So is that -- do you think there's zero incidents or do you think there's things that aren't reported? And an explanation for either, if you don't mind.

MS. BRANDIN: I think that we have an excellent education system with the staff and the offenders. I think that the inmates know exactly what our consequences are. The staff are aware of what the consequences are.

The focus for those two years and since has been proactive and has been a one-on-one. In that, I mean that with the female population, everything that they do is emotion based, and as was spoke earlier in the previous committee, you do have offenders who do get into crisis mode regardless of for what reason. It's very important that your staff are able to recognize a change or a sway in behavior or attitude, and I think that we have excellent staff who have been able to recognize any type of immediate mood, physical/emotional/behavioral change and openly report

that and relay that to the administration and to their supervisors, and then from there, we pull in the offender and express to them our concern for their well-being. I think it's very important that for those two particular years and since, that the administration has actively let the inmates know, and the staff, that we have the zero tolerance. It is not acceptable. There is an expectation of behavior.

To say that it's not happening -- you know, we have an excellent camera system at this point in time. We have active staff that are in and through and around the facility just on an ongoing and constant basis. It is a really small facility. We have staff positioned and stationed throughout.

I would say that for -- you know, it's kind of like you never say -- as a warden, you never say that there's not contraband on your unit. You never say that there's never been drugs or a cell phone or inappropriate behavior on your unit. You never say that. To do so would mean that you are not looking at the situation with an open mind. As an administration, as a warden, you have to be able to

accept the hard to -- the hard to hear is what I refer to it as. You have to be willing to look at that and think that there is a possibility.

If an inmate were to make an allegation, it's not for the staff to assume that they are or are not telling the truth. You have to act on that. Those particular two years, there were no verbal or written allegations by staff or by the offenders.

It's real important for emotional sake that the offenders at the facility are kept busy, that they know that there are staff that they can depend on, that they can go to, that there are programs to help them focus on what's important to them, and what we try to get them to understand is what's important to them is not only that release date, but what's really beyond that release date, and I can go on and on, but it -- what we feel like is important to them and what we preach to them is who you are. It's not so much what you are. You are an inmate, but it's who you are. You are a mother, a sister, a daughter, a grandmother, and you need to focus on that and you need to better yourself on that.

I know I went beyond your question, but --

MS. SEYMOUR That's all right.

MS. BRANDIN: -- it all ties in together and really it's a mental, emotional, and even a physical focus on what is your end goal.

And I think the important is, too, to know that your staff feel comfortable going to their supervisor or going to the administration or to mental health or to medical with a concern. We have an assortment of meetings throughout the month, whether it'd be a special needs through the medical department, whether it'd be the safe prisons or the PREA meeting. We have several meetings where we identify and talk about inmates on our watch list or special needs list or inmates in crisis or inmates who receive negative information. That's the starting point right there. If you don't start with that inmate right there, then from there it can grow into a negative situation, and I think that's what's important is starting at the beginning.

I know that's long-winded, but --

MS. SEYMOUR: Oh, I'm all for prevention.

It'll save us some time.

DR. WILKINSON: We didn't get a chance to visit Bridgeport. Panel members and Mr. Mazza did.

George, any thoughts you have about Bridgeport that you want to share with us?

MR. MAZZA: Am I under oath?

DR. WILKINSON: Yeah, you are under oath. We'll get you under oath later.

MR. MAZZA: Well, it's -- I think that the part that is very much what Warden Brandin was saying that the -- it's a small facility. It's very well run, obviously. It's -- the focus obviously is also on women who are focusing on being released. So there's an incentive to succeed in the time period that's there.

I don't really know if I have any specific things you wanted me to address.

DR. WILKINSON: No, I mean just kind of what were your thoughts/your feelings when you walked in the door? I mean did you leave with the same sense or --

MR. MAZZA: No, it was a very positive

experience. The people were most gracious. The staff were quite responsive and Warden Brandin gave me a personal tour of the facility. I had the chance to see women who were in -- who were doing a sort of life skills class. I saw people who were in training. They were in a computer lab. There were people who were finishing their GED degree. There was a medical facility, which seemed to be well-used and the staff was responsive there.

You know, but it's a small facility. It's -- you know, obviously it's a minimum or low security. I'm not sure how you characterize it.

MS. BRANDIN: Minimum.

MR. MAZZA: Minimum. And it's not an intimidating place. I mean it's more of a -- I wouldn't call it exactly a camp, but it's more closer to a school than it is to a -- you know, a traditional prison setting.

DR. CHRISTENSEN: Mr. Conry, you, from the perspective of CCA, you referenced with your partner agencies and government that you would use state standards as a jump point.

MR. CONRY: Yes.

DR. CHRISTENSEN: And in this case, TDCJ has some very specific standards regarding PREA.

MR. CONRY: Correct.

DR. CHRISTENSEN: So I believe what you've said is that you use those standards as a jump point, as a baseline, and then add to that based upon things where you perceive that CCA could improve upon TDCJ's policies.

Could you give us examples of what those differences are, how you've improved upon TDCJ policies?

MR. CONRY: Sure. What we like to do is to the extent possible, acknowledging that all our contracts are different, but to the extent possible what we try to do is to ensure that if you have a PREA incident on the West Coast, East Coast, Texas, that all of CCA folks respond the same way. We transfer an awful lot of folks. We have 17,000 employees. So we try to, when possible, standardize our PREA strategies, and sometimes that's possible and sometimes it's not.

So we start by looking at what we have to do via the contract and that's usually complying with the state's PREA policy and then we see what our opportunities are to go beyond that. We partner with our agency that we're talking about, in this case Texas, and if they will allow us to go above and beyond their policy, we will do that. So we will do the covert digital calling thing at the facilities where we can have control over the telecommunications equipment. We will hang up our PREA -- our proprietary PREA signs if they allow that. We will do the PREA committee calls because our partners allow that. It's above and beyond. We don't have to do it according to the contract, but we do do that in our Bridgeport and all our Texas facilities.

We will comply with the things they want us to train on, but we will also, for instance, the first week of June, we're bringing 130 team leaders and PREA investigators to Nashville for a consolidated three-day training event. So those are all the extras, go above and beyond what we have to do for the contract to ensure that CCA is providing a

standardized approach to limiting sexual abuse.

So I hope those were responsive to your question, but each contract's a little bit different, what we can add and what we can't add. In some instance -- one of the big, I'd say, instances where contracts vary is our ability to investigate an incident versus the government partner coming in and investigating a PREA incident. So that varies pretty widely. So in this instance, Texas is very involved in the investigation of any PREA allegations.

I don't know if you want to say a word, too, on that, Mary.

MS. BRANDIN: They have an Office of Inspector General department that the alleged incident would be referred to, and from that point on, the OIG and our contract monitor and supervisors would get involved in the investigation, and we follow their lead at that point, but they take the statements. They refer to the local law enforcement just to keep them up to date on the process, et cetera. So they are a law enforcement branch in and of itself.

MR. CONRY: So whereas in other contracts,

we primarily will initiate the investigation to the point where it turns from an administrative investigation into a -- we believe a crime has been committed, then we contact the local law enforcement, district attorney. They will come in and initiate an investigation either saying they will open a case or won't. If so, then we follow their lead as far as the case goes, but at a minimum, we are making sure that we go through our entire checklist of steps to ensure that the inmate is safe, that if it involves staff, that staff member is taken out or away from inmate contact until such time as the investigation is completed, make sure that the offender gets both medical and mental health evaluations immediately.

The previous Panel committee talked about segregation during our PREA committee review calls. That is one of the things we talk about. What have you done? Where right now is the victim? Are they in segregation? Are they in general population or are they in protective custody? Where are they? And we have a dialogue that goes back and forth.

Our expectation is that the inmate will not

be in segregation unless the warden and her team has somehow arrived at a justification for that above and beyond just the fact that they have made a PREA allegation. So we very much are in tune with the PREA standards and the belief that inmates already victimized don't need to be victimized a second time by being segregated unnecessarily.

At times it's very obvious that there's a need for it, but we always push the facilities to make sure that they have a justification for that and it's not just because. It's not just because of the fact that there is an investigation underway.

DR. CHRISTENSEN: So, Warden, would you say that that gives you the benefit or benefits that other wardens in the state of Texas do not have based upon the increased awareness and some of the protocols that CCA puts in place above TDCJ standards?

MS. BRANDIN: I would -- well, all of the -- and I may misunderstand your question, but all of the facilities within the state are under the jurisdiction of the OIG.

DR. CHRISTENSEN: Right.

MS. BRANDIN: Having the resources that CCA offers, I would say that it is helpful. I would say that it adds to the already established procedures and gives us another avenue to review our processes and our procedures as a check and balance system as you're going through the process. The safe prison plan as well has a checklist system to go by, but having a call within forty-eight hours would indeed provide a review and an objective point of view in an effort to make sure that the warden and the facility are going down the correct avenue and the correct path and that there's not a biased opinion or something of that nature.

DR. WILKINSON: CCA has had incidents in the past, and you were kind of the high list several years ago at one facility, I think, and then half a year or so ago, you had an incident with a transportation case.

I mean how do you debrief those things? Do you go back and kind of study them and find out what went wrong or how do you get to the point where this kind of situation never happens again? I mean did you

BFOQ your transportation crews or how does that work?

MR. CONRY: Right. We have a very formalized process. When we do -- we treat every single, especially staff-on-inmate substantiated case of sexual abuse as a zero tolerance incident, and as such, we have an after-action team that actually will go to a site and investigate the incident.

DR. WILKINSON: Does the team work for you or --

MR. CONRY: It's generally appointed by our legal division. Our general counsel will do that oftentimes in concert with our customer. So it generally is outside of the operational division's purview, depending on the type of incident, but the incident you're talking about, yeah, received scrutiny at that high level.

Then we go in, make sure that we know all the facts. We look at policy to see whether there was, in fact, a policy in place that should've been followed that might not have been and then from there, determine what kind of personnel action we're going to take, what type of retraining may be necessary, what

type of additional resources might be necessary to help ensure that that doesn't happen again.

In the case you spoke of, it was a matter of somebody not following the transportation policy that said you must have either same gender supervision on a trip if it's going to be one-on-one or have a male and a female officer during transit. So that policy was in place. It wasn't followed, unfortunately, and we did have an incident as a result of that, but the incident was fully debriefed.

A lot of training went on at that facility and across the company in a very, very expedited period of time. Within a week or two all 17,000 employees knew what happened, why it happened, and to make sure that that situation didn't occur again. So very similar to, I think, a response you would've gotten out of any correctional agency on what happens during an after-action, but independent review, lessons learned, action taken against those who didn't follow policy, and then making sure that the entire agency was brought up to speed so it doesn't happen again.

DR. WILKINSON: You run ICE facilities. I mean how do you deal with translation issues? I know you got people from I don't know how many dozens of countries in CCA ICE facilities along the way.

So what kind of care do you take to make sure people really understand what PREA is and how do you deal with the cultural or language barriers?

MR. CONRY: It is one of our largest challenges with our ICE populations, and whether it's in the area of PREA or education or the provision of medical care, getting the inmate or detainee to understand you is pretty basic, and we have a couple of different strategies.

One is that we have a translation service, a telephone-based translation service. So when we need to communicate with a particular offender and they can't communicate through written means or we don't have an onsite interpreter, then we have to use a telephone-based translation service. You call up twenty-four hours a day/365 days a year. They have somebody who they connect you to that can speak whatever it is, Farsi, Swahili, you know, any kind of

dialect of Chinese, you name it.

So there are times even when that's limited, but we rely on that when nobody at the facility can translate for a particular offender.

Many times we do rely on other offenders who can speak that language and English or a little bit of English when it is something that's not sensitive, when it's not medical or they're not relaying an incident about PREA or something like that, and then we also rely to some degree on staff. We have, you know, a very diverse staff usually, and depending on what city or town you're in, we oftentimes have people who can -- who are bilingual or can communicate in a language that the offender is speaking in.

So those are the strategies we use. We have an ongoing task force right now, in fact, to look at how can we better provide intake orientation to our ICE detention inmates. It actually grew out of a third-party audit we had done on some of our facilities with regard to PREA and that was one of the recommendations. So we have an active task force of all our ICE facilities, looking at how can we better

do an orientation for those inmates, looking at doing a video to cover everything we need to cover and make sure it's provided in a standardized fashion, knowing that, you know, if you leave it up to staff to do verbally, day to day, week to week it may vary a little bit. So we're trying to get it into a video format.

We'll never be successful at getting it into, you know, one hundred and something different languages. There are over one hundred different languages that we encounter on any day across our -- about a dozen facilities where we have ICE inmates. So it's a challenge.

MS. SEYMOUR: I had a question for Warden Brandin.

You all have a zero tolerance for touching. Is that like no handshakes, nothing, nothing, nothing?

MS. BRANDIN: Yes, ma'am.

MS. SEYMOUR: And so obviously -- I mean is that -- do you think that has contributed to your no reporting of any allegations of sexual assault and is

there any downside to the absolute no touching?

MS. BRANDIN: I don't think there's a downside at all from my perspective as warden trying to keep that low-incident rate. With the females, again, everything's emotion based. Everything is attention based, personal seeking, and when they come to the facility, when they go through the intake process, one of the issues that is brought to them through our committee, our intake or our UCC, our Unit Classification Committee, which normally consists of the chief of security, myself, and the case manager, and one of the lectures that they receive is the administration's philosophy, my expectations or the administration's expectations of their behavior while they're here. The fact that the State of Texas has reviewed them and they evidently have met certain criteria, therefore, we expect you to follow through with the State's opinion of you and we also relay to them the consequences of their negative behavior.

Along that same lines, we discuss with them the fact -- and the inmates are the ones that actually after I first got to Bridgeport in 2007 and after

about being there six to eight months, they're actually the ones who started labeling Bridgeport as a no-touch facility because we just made it very clear to them that there are no handshakes. There is no hugging. There is no patting on the back. There is no sitting there at the dayroom table with your hand on her knee. It is not acceptable and we approach it to a manner of professionalism. You're here to go to school. You're here to meet goals. You're here to meet a certain parole presumptive date. You have a job to do. You do your job. We'll do our job. If you don't do so well in your job, then we will follow through with our job.

Inmates will tell you we had -- actually we had a discussion, the inmates and I, we walk around and do a quarterly talk with the offenders. I say quarterly, it just ended up to be every couple of months, but we had one just several weeks back and as I was talking to them, each group that I went to, we were talking PREA and we were talking sexual abuse/sexual assault and I asked them, I said, "When you give male offenders an inch," they said, "They

take a foot." I said, "Okay, when I give you guys an inch, how much do you take?" And every one of them, "A mile," and they all agreed it's a common philosophy, and so they understand that the boundaries are there is no touching because it starts with a handshake. It starts with a hug. It starts with a hand on the knee, and relatively after that, it progresses into something that could create a violation or is a violation.

The State of Texas has a disciplinary rule infraction, actually two different codes. One is sexual misconduct, which relates to something of that nature as well, and then another, I believe, and I -- the quotation may be incorrect, but it's discourteous -- action of a discourteous nature, something of that statement, and so actually any type of violation, an inmate can receive a disciplinary infraction. It's a minor disciplinary, but they can receive an infraction for that, and they just need to know that it's not acceptable.

In a female culture environment within the prison system, they tend to -- where you have -- on

male facilities you tend to have security threat groupings. With the females, you tend to have family cliques of a family culture or nature, and we have really started in the last two years focusing on letting them know that that is not acceptable. You know, you need to focus on you and discussing the fact that self-respect is a big part of your being here. You have to be able to walk out with your head held high, and while we -- we'll talk openly and explain to them, "I understand you need the attention. I understand you need the affection. So here are some things that we're going to do in order to give you that self-satisfaction and that attention that you crave."

And we have started having more programs where they can participate individually and get individual recognition. It's a shot to their ego. It's a shot to their self-respect. It gives them a little bit of an emotional high and gives them that unit-wide recognition, and we're hoping that that will stifle some of the need and the desire for the one-on-one recognition and the one-on-one affection.

Something we've just started recently really instituting some -- anything from a talent show to other programs such as that where they can get one-on-one recognition. So I do think that the no-touching philosophy has really aided us.

DR. CHRISTENSEN: Staff in your facility is -- are CCA employees?

MS. BRANDIN: Yes, sir.

DR. CHRISTENSEN: Exclusively?

MS. BRANDIN: Yes, sir.

DR. CHRISTENSEN: And do male staff transfer or do staff transfer in from male facilities or --

MS. BRANDIN: Yes, sir.

DR. CHRISTENSEN: How do you manage that reorientation?

MS. BRANDIN: I actually came from working with males. I had worked with males for almost twenty years before I went to Bridgeport, and it was a culture shock for me. It took me six months to a year to really wrap my head around everything, all the changes, all the differences, and one of the things that we do is in our pre-service training class, we go

in specifically -- if I know that Officer Conry is coming --

DR. WILKINSON: See, you're touching him.

MR. CONRY: She's not in Bridgeport. It's okay.

MS. BRANDIN: I'm in D.C. If I know that Officer Conry is coming from a male unit specifically, I actually go in and have a one-on-one conversation with him. I've sat down with many staff and explained to them, "It's going to be difficult for you and here's why." It's different. It's just -- we talk -- especially if it's a male officer because, again, everything is emotion-based. Everything is I- and me-oriented. With male offenders, they tend to drop an issue. With the female offenders, it goes on and on for weeks.

So we do a one-on-one. I tend to go and check on, and the training manager is aware of it, and she checks on the officer once they get out on the floor and they get out on OJT. We bring them in periodically, I would say about every two weeks, and actually sit them down, "How's it going? Are you

okay?" And usually their eyes are about that big and they say, "Warden, I had no idea," and so we sit and talk about it a little bit.

Some of the things that we focus on are using the cameras to your advantage, and where the inmates are aware of the cameras and try to skirt the cameras, we tell the staff, "Use them to your advantage. Do not counsel with an offender in an area where there's not a camera, therefore putting yourself for a possible allegation."

We discuss -- again, we discuss the reason for male and female or double female transports. So we use a lot of plain terminology with them and just tell them like it is. Tell them, "Here's what can happen." You don't have to do anything to have an allegation made against you, and that's really the aspect that we take it from. It could just simply be that that offender's unhappy with you because you wrote them a case or because they had a denied mandatory supervision vote, negative vote for parole. You wrote them a case. They were denied a phone call, and she is looking for anybody to take her

vengeance out on, and you don't want to be her mark, and that's really the angle that we take it from, but there is a lot of adjusting to be had coming from a male going to a female facility.

DR. WILKINSON: What's the average length of stay of --

MS. BRANDIN: Six months.

DR. WILKINSON: Six months or so. They have visiting --

MS. BRANDIN: Yes, visiting, visitation --

DR. WILKINSON: So is it contact visiting?

MS. BRANDIN: Yes, visitation on Saturday and Sunday. They have an approved visitors list. They can have no more than ten visitors on their list. They can update that, I believe, every six months, and visitors come in and have a check-in process whereby we verify their identification and then we take them through security procedures to bring them in and they have a two-hour contact visit at our facility.

And also they can request for a special visit. Policy allows for a special visitation based

on 300 miles or more. You can have an extended visit. You can have what's called -- excuse me -- a double -- what I call a double-day visit, Saturday and Sunday, but the inmate requests that through the case manager, and then it's reviewed by her and comes up to the administration, and then administration either approve or denies it.

DR. WILKINSON: So when they leave Bridgeport, are they going home, to a halfway house or --

MS. BRANDIN: A couple of options. One is going home under parole supervision, one is going to a halfway house if a parole plan is denied or cannot be verified, and then obviously another option is for whatever reason, returning to the State of Texas custody. Whether it'd be due to their PPT status being revoked, whether it'd be due to a felony detainer or based off of a major disciplinary case or for mental health reasons.

DR. WILKINSON: You have several commitments in your --

MS. BRANDIN: I'm not --

DR. WILKINSON: Well, I'll ask the good people from the TDCJ tomorrow.

MS. SEYMOUR: Yeah, heads up.

DR. WILKINSON: Okay. I don't have any other questions.

I want to thank you for your testimony. I think you might have extra documents you wanted to submit at some point.

MR. CONRY: Yeah. I talked to a gentleman before and he's given me his card. I'll email him my prepared statement because we didn't have a chance to prepare one --

DR. WILKINSON: Okay.

MR. CONRY: -- last week.

DR. WILKINSON: Well, then let me end with a prepared statement. So let's see if I can find it.

The Panel concludes this session of a public hearing on prisons with a low incidence of sexual victimization. The Panel reserves the right to gather additional testimony and other information to supplement the record.

Thank you very much. Safe travels back to

the Lone Star State.

MS. SEYMOUR: Yeah, thanks for coming.

MS. BRANDIN: Come and see us.

MS. SEYMOUR: Give my love to Bridgeport.

MS. BRANDIN: Come and see us.

(Whereupon, at 4:09 p.m., the hearing was recessed.)