

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: May 18, 2016 – Revised Final Report

Auditor Information			
Auditor name: Patricia S. Stover			
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Telephone number: 570-419-7211			
Date of facility visit: April 20-22, 2016			
Facility Information			
Facility name: Christina Melton Crain Unit			
Facility physical address: 1401 State School Road Gateville, TX 76599-2999			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 254-865-8431			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Brad Livingston, Executive Director			
Number of staff assigned to the facility in the last 12 months: 672			
Designed facility capacity: 2154			
Current population of facility: 1928			
Facility security levels/inmate custody levels: G1-G4, Felony Treatment, Intellectually Impaired			
Age range of the population: 18-76			
Name of PREA Compliance Manager: Linda King		Title: Unit Safe Prisons PREA Manager	
Email address: Linda.King@tdcj.texas.gov		Telephone number: 254-865-8431 ext. 5382	
Agency Information			
Name of agency: Texas Department of Criminal Justice			
Governing authority or parent agency: <i>(if applicable)</i> State of Texas			
Physical address: 861-B I-45 North, Huntsville, Texas 77320			
Mailing address: <i>(if different from above)</i> P.O. Box 99, Huntsville, Texas 77342			
Telephone number: 936-295-6371			
Agency Chief Executive Officer			
Name: Brad Livingston		Title: Executive Director	
Email address: brad.livingston@tdcj.texas.gov		Telephone number: 936-437-2101	
Agency-Wide PREA Coordinator			
Name: William Stephens		Title: Director, Correctional Institutions Division	
Email address: william.stephens@tdcj.texas.gov		Telephone number: 936-437-2170	

AUDIT FINDINGS

NARRATIVE

The first PREA audit for the Christina Melon Crain Unit was conducted April 20-22, 2016. The audit was conducted by Patricia S. Stover, Certified PREA Auditor. The pre-audit questionnaire and other supporting documentation was received approximately three (3) weeks prior to the audit. Review of the policy/procedure and supporting documentation was reviewed prior to the actual audit to provide this auditor with a well versed background in determining compliance with the PREA standards, in addition to reviewing the Texas Department of Criminal Justice's website. Warden Scott contacted me prior to the audit to determine if there was anything that the auditor would need prior to touring and auditing the facility and to provide a brief description and uniqueness of the Christina Melon Crain Unit. Sgt. King provided the auditor with a packet of information upon arrival at the airport, to include inmate rosters and staff by duty position and shifts that were utilized to randomly select and identify inmates and staff to interview. Discussion was also conducted regarding the specific categories of inmates and staff that are required to be interviewed.

As this auditor began her tour of this massive facility at 0530 hrs. on 4/20/16, she quickly realized that although this audit was considered to be one audit, it in fact it involved auditing seven (7) separate facilities identified as the Riverside Unit, Hackberry Unit, Reception Unit, Trusty Unit, Valley Unit, Sycamore Unit, and Terrace Unit whereby the need to be transported from one facility to another was necessary. The auditor first attended a joint pre-shift meeting that included all units (this is jointly done once per month; otherwise, it is conducted separately prior to shift at each unit). Due to the size of the facility, one-half of the facility was toured on 4/20 and the other half concluded on 4/21 & 4/22. A significant concern throughout the tour of all units, was the fact that there are no cameras located anywhere in the facility. The auditor was advised that the need for video cameras is determined by the number of incidents that occur in a facility, based on the type of facility, number of inmates, grievance complaints, etc. In addition, a risk assessment is also completed to determine the need for cameras to be placed/upgraded in a particular facility. Although there was no video surveillance in areas throughout the facility, the security presence was adequate to address any PREA concerns. Staff at the Crain unit are extremely vigilant and knowledgeable on the subject of PREA and the proper procedures to follow if a sexual assault or sexual harassment is reported. Following the partial tour on 4/20, interviews of inmates and staff began. Interviews were all conducted on-site, to include the inspector from the Office of Inspector General.

When the on-site audit was concluded, an exit briefing was conducted with the Warden, both Deputy Wardens, Major, Unit Safe Prisons/PREA Manager, and Regional Safe Prisons/PREA Manager. I was unable, at the time of the exit briefing, to provide the staff with my final findings as I was still reviewing information contained in the Pre-Audit Questionnaire and supporting documentation. I did relay to the Warden my concern with one officer whose name was mentioned three (3) times to me during my tour and interviewing of inmates who indicated to me alleged inappropriate sexual advances towards these inmates. The Warden immediately initiated an investigation. I did relay that during my tour, I did not find any issues that would cause concern. I expressed my appreciation for all the hard work that was evident while touring the facility and by interviewing staff and inmates.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Christina Melton Crain Unit was originally a State Reformatory for Boys which was established in 1889 and was handed over to the Texas Department of Criminal Justice (TDCJ) officials in 1979. The Unit was renovated by offenders in 1980 and reopened as the largest female state institution in the State of Texas. Originally named the Gatesville Unit, the name was changed to Christina Melton Crain Unit in November 2008, in honor of the first female chairperson of the Texas Board of Criminal Justice.

The Crain Unit consists of seven (7) satellite units with a total capacity of 2,154, which are as follows:

1. **RIVERSIDE:** (the largest satellite) with a 526 capacity that consists of both dormitory and cellblock housing. This unit also contains the Laundry, Clothing Issue, Law Library and Property Office. Several programs are held in this unit and also serves as the Release Center for all female offenders leaving prison, with a release of approximately 60 offenders per week. Riverside is also the home to Patriot Paws Program whereby offenders train service dogs for Disabled American Veterans.
2. **TERRACE:** This unit has a capacity of 254 minimum and medium custody offenders arranged in both cellblock and dormitory style housing. A myriad of programming is also offered in this unit. Approximately 75 offenders are assigned to the field force each weekday.
3. **SYCAMORE:** This unit was added to Crain Unit in September 1990 and houses minimum custody offenders with a capacity of 276 in dormitory style housing. Programming is also offered to offenders in this unit.
4. **TRUSTY CAMP:** This unit is unique in the fact that there is no perimeter fences. It is designed to house non-violent, low escape risk offenders who require less direct supervision. The Trusty Camp housed 321 offenders in an open style dormitory setting, to include one (1) faith-based dormitory. This unit also provides the offender work force at the Reception Satellite. Academic and programming is also offered in this unit. Outside Trustees are assigned to the Administration Building and Grounds for general upkeep. Offenders assigned to this unit also participate in community service, peer education, HOPE literacy and intramural sports completion with Gatesville area trustees.
5. **VALLEY:** This unit is home of the Developmental Disability Program (DDP) with a capacity of 106 beds for DD offenders and 68 minimum custody offenders for a total of 174. It is specially designed for special needs offenders. The Supply Office is also located at the Valley Compound.
6. **RECEPTION:** This unit houses 205 offenders and three (3) transient cellblocks with a capacity of 116 and two (2) dormitories that houses general population offenders. It also houses Pre-Hearing Detention, Punitive Segregation offenders with a capacity of 32. OB/GYN, Dental, Radiology and Respiratory Therapy are offered to all female offenders at the Reception Center.
7. **HACKBERRY:** This unit was added as a sub-unit of the Crain Unit in 1989 and has a capacity of 288 offenders in dormitory style housing. It also serves as the facility's special needs Substance Abuse Felony Punishment Facility (SAFPF) for all female offenders and functions as a correction-based therapeutic community program, which is a 9 month, 3-phase program.

SUMMARY OF AUDIT FINDINGS

After touring the Christina Melon Crain Unit, and the interviewing of 23 inmates and 38 staff formally (in accordance with PREA requirements), in addition to 59 inmates and 17 staff who were informally interviewd during the touring process, this facility was found to have met all applicable PREA standards. Staff who work at this facility know and understand the importance of the PREA standards, which was evident as this auditor interviewed various staff throughout the audit period. Staff should be very proud of the hard work and progress that it has taken to make the Christina Melon Crain Unit a safe facility that was expressed by every inmate that was interviewed.

Number of standards exceeded: 2

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

The TDCJ has policy ED-03:03 in place, which verifies that written policy that mandates zero tolerance toward all forms of sexual abuse and sexual harassment in the facility’s it operates. The agency policy and procedures, to include the SAFE Prisons/PREA Plans, outlines the agency’s approach to preventing, detecting and responding to sexual abuse and sexual harassment. An agency organizational chart indicates there is an agency-wide PREA Coordinator, which is William Stephens, Director, Correctional Institutions Division and Linda King, Unit Safe Prisons PREA Manager, who coordinates the facility’s efforts to comply with the PREA standards.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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NOTE: This standard is considered to be non-applicable, as Crain Unit is a state of Texas managed facility.

Standard 115.13 Supervision and monitoring

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

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An Annual Staffing Plan is conducted annually by the Texas Department of Criminal Justice (TDCJ) in order to assess, determine, and document whether adjustments are needed to areas in order to aid in protecting offenders against sexual abuse. The Safe Prisons PREA Manager is included in reviewing the Annual Staffing Plan and signs-off on the plan. Policy and practice of unannounced rounds made by intermediate-level or higher-level supervisors was confirmed by both staff and inmate interviews and also by reviewing the housing unit PREA Audit Report

logs. These rounds are conducted more frequently than required, as video monitoring is non-existent in these facilities; therefore, the need for more inspections/tours is necessary in order to ensure the safety of both staff and inmates is present.a

Standard 115.14 Youthful inmates

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

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NOTE: This standard is non-applicable, as youthful offenders are not confined to the Crain Unit.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Policy, procedure and the Safe Prisons PREA Plan prohibits that cross-gender strip searches or cross-gender visual body cavity searches are conducted. In addition, although trained to conduct cross-gender pat searches, this facility has no documented cross-gender pat searches. A female officer is available in the majority of the cases to ensure same-sex pat searches are completed. If a female is not available at that particular moment, one will be sent in the area needed to conduct the pat search. Staff of the opposite gender announce their presence when walking onto a housing unit. This was confirmed by both staff and inmates and also witnessed by this auditor.

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

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

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

Crain Unit has 26 staff interpreters available to assist inmates at this unit who are limited English speaking. Staff interpreters were utilized when interviewing inmates who were limited English speaking. Orientation packets, Safe Prisons/PREA Plan, and brochures are available in both English and Spanish. During the peer education on Safe Prisons, staff interpreters are available to translate to inmates who are limited English speaking.

Standard 115.17 Hiring and promotion decisions

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

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Department policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or has been convicted of engaging or attempting to engage in sexual activity in the community. Background checks are completed on all new employees and contractors in addition to staff being considered for promotions. Although the standard requires that background checks are conducted once every five (5) years, TDCJ's policy is that during a staff member's birthday month, a background check is conducted annually.

Standard 115.18 Upgrades to facilities and technologies

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

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The Crain Unit currently does not have any video surveillance equipment installed. However, policy 07-02 states that prior to the installation of video surveillance equipment, the Surveillance Systems Coordinator will coordinate with the agency Safe Prisons/PREA Coordinator to collect any relevant information containing the presence of substantiated and unsubstantiated incidents of sexual abuse from the previous year for that unit. The Surveillance Systems Manager, in conjunction with the Unit Warden and the Warden of Security Operations will deploy the surveillance equipment in an effort to enhance the agency's ability to protect offenders from sexual abuse. This is done in conjunction with the annual Staffing Plan.

Standard 115.21 Evidence protocol and forensic medical examinations

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Crain Unit has contracts with local hospitals that provide access to SANE trained medical staff, if necessary. The TDCJ and Families in Crisis, Inc. shall provide incarcerated offenders at Crains Unit with confidential emotional support services following a reported sexual assault. As a standard procedure, Scott & White Hospitals and Families in Crisis, Inc. is notified whether their presence is requested or not. If services are accepted by the victim, the victim advocate shall accompany and support the victim through the forensic exam process and investigatory interviews and to provide emotional support, crisis intervention, information and referrals. If services are rejected, Families in Crisis, Inc. will leave educational information for the victim.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Through review of policy/procedure, documentation, and interviews with inmates and staff, it was evident that all administrative and criminal investigations are conducted for all allegations of sexual abuse and sexual harassment. During the audit period, 26 investigations were initiated, all of which were found to be either unsubstantiated or unfounded. All investigations are thoroughly conducted either by the facility or/and the Office of Inspector General (OIG). OIG will contact the prosecutor's office if substantiated criminal behavior has been confirmed.

Standard 115.31 Employee training

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

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

In review of policy/procedures and Safe Prisons/PREA Plan and lesson plans, it was confirmed that staff were being trained regarding its zero tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities under agency sexual abuse and sexual harassment, prevention, detection, reporting, and response policies and procedures, inmate's right to be free from sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual

harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates including lesbian, gay, bisexual transgender, intersex, or gender non-conforming inmates and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. All facility staff were knowledgeable of PREA expectations as related to the aforementioned requirements.

Standard 115.32 Volunteer and contractor training

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

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Volunteers and contractors interviewed were knowledgeable due to the training they received on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, response and zero tolerance policy. In addition to the training volunteers and contractors receive, they also receive a Letter of Orientation for Special Volunteers that delineates various facility rules of conduct, to include zero tolerance for sexual abuse or sexual harassment against inmates. They are also required to sign an Acknowledgement of Volunteer Orientation/Training that verifies volunteer/contractor training received on PREA requirements.

Standard 115.33 Inmate education

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

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During the intake process, inmates are provided with a Unit Orientation, Safe Prisons/PREA document, and PREA brochure either in English or Spanish that delineates the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Inmates receive comprehensive education via video within 30 days of reception. During the interview process, only two (2) inmates indicated they did not receive training; both of which were immediately scheduled for training. Training documentation was reviewed and verified by this auditor.

Standard 115.34 Specialized training: Investigations

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

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Staff who were responsible for interviewing inmates who reported sexual abuse or sexual harassment were interviewed. They were very knowledgeable and understood how to conduct a sexual abuse investigation in a confinement setting, as they received specialized training, in addition to the general training. In reviewing the lesson plan, the following topics were covered in the training: techniques for interviewing sexual abuse victims, proper use of Miranda and Garity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Training rosters were reviewed to ensure investigators who were interviewed completed the training required to investigate a report of sexual abuse.

Standard 115.35 Specialized training: Medical and mental health care

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

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Policy and lesson plans were reviewed which included the requirement for all full and part-time medical and mental health care practitioners who work regularly in its facilities be trained in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations of suspicions of sexual abuse and sexual harassment. Sign-in sheets were provided to support that medical and mental health staff received this specialized training.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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Inmates received at the Crain Unit are screened within 24 hours upon arrival at the facility and upon transfer at a unit for permanent assignment via Attachment E (Offender Assessment Screening). The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. If additional, relevant information is received by the facility since the intake screening, the facility will reassess the inmate's risk of victimization or abusiveness within 30 days from the inmate's arrival at the facility. In addition, a reassessment will also be conducted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Inmates are not disciplined if they refuse to answer questions posed during the screening process.

Standard 115.42 Use of screening information

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

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During the interview process, it was confirmed that staff utilized information received on Attachment E (Offender Assessment Screening) to determine housing, bed, work, education and program assignments in order to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. During the inmate interviews, several inmates identified prior victimization in the community. Crain Unit has one (1) transgender male inmate (person who was assigned female at birth but whose gender identity is that of a man) who was housed in general population and not in a dedicated housing unit. He acknowledged that he was given the opportunity to shower separately. During the interview of the transgender male inmate, he expressed that he felt very safe at Crain Unit. Transgender inmates are reassessed every six months at this facility.

Standard 115.43 Protective custody

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

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Policy/procedure and guidelines were reviewed to ensure inmates at high risk for victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. The facility identified transient housing to protect alleged victims without punishing them for reporting issues. Policy also dictates that the facility shall afford each inmate a review to determine whether there is a continuing need for separation from general population.

Standard 115.51 Inmate reporting

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

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recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates at the Crain Unit indicated both via formal interviews and non-formal interviews during this auditor's tour that Sgt. King (Unit Safe Prisons/PREA Manager) is the person they would most likely report any type of sexual abuse or sexual harassment. They did acknowledge that they could report it to any staff member, but felt confident that Sgt. King would be the one they trusted the most. In addition, inmates acknowledged that they could report sexual abuse and sexual harassment via the PREA Ombudsman. The address of the PREA Ombudsman was located on the the bulletin boards throughout the housing units and facility. Inmates also indicated they could report through a third-party, such as their family, who could then contact the PREA Ombudsman.

Standard 115.52 Exhaustion of administrative remedies

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

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Sexual abuse grievances are processed as an emergency grievance, which is the same process for all TDCJ facilities. Grievances alleging sexual abuse shall be coordinated with the Warden, Major, Chief of Unit Classification, Unit Safe Prisons/PREA Program Manager, Office of Inspector General (OIG), and the PREA Ombudsman, as provided for in the TDCJ Safe Prisons/PREA Plan. Emergency grievances must be answered within 40 days and no extensions for this type of grievance is permitted. When interviewing inmates, they understood the process for submitting a grievance if they were sexually abused.

Standard 115.53 Inmate access to outside confidential support services

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

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Inmates are provided access to rape crisis centers, when necessary. In addition, the Rape Advocacy Centers listing is available to all inmates and is located in the Law Library. An MOU with Families in Crisis, Inc. has been established to provide victim advocates for emotional support services related to sexual abuse for inmates in the Crain Unit.

Standard 115.54 Third-party reporting

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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The PREA Ombudsman was created to provide offenders, as well as the public, an independent office to report sexual assault. In 2008 the TDCJ hired the current PREA Ombudsman and established the PREA Ombudsman Office, where third-party reports of sexual abuse and sexual harassment are received and answered. The Ombudsman has 10 days to respond to an alleged report of sexual abuse or sexual harassment with the ability to request an extension, if necessary. Information on how to contact the Ombudsman office is located on the TDCJ website and a pamphlet, General Information Guide for Families of Offenders, which is available at the facility that includes the same information. This information is also posted on the inmate bulletin boards.

Standard 115.61 Staff and agency reporting duties

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

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

TDCJ policy require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment and for staff not to reveal any information related to sexual abuse report to anyone other than to the extent necessary. Staff interviewed were aware of their reporting duties.

Standard 115.62 Agency protection duties

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

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

Immediately upon notification of an alleged sexual abuse of an offender, the first security officer to respond to the report shall immediately separate the alleged victim from the alleged assailant to eliminate the potential for additional violence. Staff interviewed were very knowledgeable of the need to separate an alleged victim from possible danger, the need for medical/mental health staff to be informed and also to complete an investigation in a timely manner. Staff were also familiar with mandatory reporting procedures.

Standard 115.63 Reporting to other confinement facilities

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

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

Staff were familiar with the process that after receiving an allegation that an offender was sexually abused while confined at another facility, such as a county jail or out-of-state facility, the individual taking the initial report shall immediately notify the USPPM. The USPPM shall provide the SPPMO with the details of the alleged incident so the SPPMO may initiate notification to the appropriate office of the outside agency where the alleged abuse occurred. Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation.

Standard 115.64 Staff first responder duties

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

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

Staff were extremely knowledgeable about the proper chain of events that occur when an alleged sexual abuse has occurred. They understand the need to first separate the alleged victim from the alleged abuser, to preserve and protect the crime scene until the collection of evidence is completed, and the need to ensure the protection of physical evidence is not compromised by the victim and abuser. I believe that TDCJ exceeds this standard, as they have taken additional steps for staff to ensure they have these procedures at their fingertips by providing them with pocket-sized laminated printed cards for quick reference.

Standard 115.65 Coordinated response

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

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

Policy & procedure delineates a plan that coordinates actions taken in response to an incident of sexual abuse, among first responders, medical and mental health practitioners, investigators and facility leadership. It was determined during the interviews of medical and mental health staff, investigators and facility leadership that they were very knowledgeable of their responsibilities during a response to sexual abuse.

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

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

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

Policy and procedure dictates the separation of inmates and employees during the investigation process and during the employee discipline period in PREA related cases. TDCJ does not enter into a Collective Bargaining Agreement, as they are not unionized.

Standard 115.67 Agency protection against retaliation

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

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

Policy and procedure delineates that inmates and staff who report sexual abuse or sexual harassment are monitored for 90 days. There are separate forms for both inmates and staff where these monitoring sessions are documented. If the allegations of sexual abuse or sexual harassment are unfounded, the need to monitor inmates and/or staff is terminated. The Warden, USPPM, investigators, random staff and inmates were aware of this requirement when asked during their interview.

Standard 115.68 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and procedure state that inmates shall be assigned to protective custody only until an alternative means of separation from likely abusers is arranged, for no longer than 30 days. Inmates are housed in the transient unit where they are monitored and reviewed until such time that other housing is determined and to ensure that safety is maintained. Staff interviewed were familiar with this process.

Standard 115.71 Criminal and administrative agency investigations

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

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

In reviewing the policies that support this standard, and in interviewing staff who are investigators at Crain Unit, it is evident that when an investigation is initiated, it is done promptly, thoroughly, and objectively for all allegations. All investigators used have received special training in sexual abuse investigations. All allegations of sexual abuse and sexual harassment are referred to the OIG’s office, where the investigation is immediately implemented. If the OIG’s office has a question on a particular case, the OIG investigator will contact the prosecutor’s office who will provide guidance. The OIG’s office does not normally conduct polygraphs on inmates. If a staff member who alleges to have committed sexual abuse to an inmate terminates employment prior to a completed investigation into his/her conduct, the OIG’s office will continue the investigation with the former employee until the investigation is completed, and if necessary, forward to prosecutor’s office for criminal charges. Investigations are completed in a timely and efficient manner.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

The UCC committee shall review the totality of the investigation, including facts, evidence and any other pertinent information to determine whether the allegations are substantiated, unsubstantiated, or unfounded, based on the preponderance of evidence. The preponderance of evidence means that more than 50% of the evidence supports the allegation. This standard limits the facility’s ability to raise this requirement.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Policy states that the Safe Prisons PREA Manager (SPPM) or designee ensures monthly receipt of relevant sexual abuse criminal case information from the OIG in order to inform the offender. Upon receipt of the OIG case information, the SPPM will inform the alleged offender of sexual abuse when crime case outcomes or status changes occur. This information is documented accordingly.

Standard 115.76 Disciplinary sanctions for staff

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

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

Sexual Misconduct With Offender (42d), Discrimination or Harassment Against Persons of a Protected Class or Retaliation (21), and Harassing or Retaliating Against an Offender or Another Individual for Participating in an Official Investigation or Inquiry or for Pursuing Legal Activities, such as Petitioning the Courts (22b.) are Level 1 violations under TDCJ Guidelines for Disciplinary Action. Level 1 violations are subject to dismissal in accordance with the Disciplinary Action Guidelines. An employee or other individual commits a felony if the person engages in the behavior specified in Texas Penal Code 39.04.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Agency policy prohibits contractors or volunteers who engage in sexual abuse to have contact with inmates and requires that they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to licensing bodies. During the interview process with volunteers, they were aware of the punishment for engaging in sexual abuse or sexual harassment with inmates.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Safe Prisons/PREA Plan Manual and other policies delineates that inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse, sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories, and considers whether an inmate's mental disabilities or mental illness contributed to her behavior. The interview with the Warden verified that the sanctions commensurate with the nature and circumstances of the abuse committed and that mental health staff are notified to determine if the inmate's mental disabilities or mental illness contributed to her behavior when determining what type of sanction, if any, should be imposed. There were no inmates disciplined for reporting incidents nor did any inmates who were interview indicate that there were concerned with disciplinary sanctions at Crain Unit.

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

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

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

Policy supported the fact that when an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. In addition, if an inmate has previously perpetrated sexual abuse, the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Policy also states that any information related to sexual victimization or abusiveness that occurred at the facility be strictly limited to medical and mental health practitioners and other staff, as necessary to inform treatment plans and security and management decisions. Medical and mental health practitioners obtain informed consent from an inmate at Crain Unit before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Medical and mental health staff were very knowledgeable in this area. Inmates who reported prior abuse were interviewed and were extremely satisfied with the facility responses. During interviews with staff, when prior sexual abuse was reported during the intake process, they were responded to immediately.

Standard 115.82 Access to emergency medical and mental health services

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

- Does Not Meet Standard (requires corrective action)

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

According to policy and procedure, all offenders who present with complaints of sexual abuse/sexual assault are immediately evaluated, examined and appropriately referred for required services. A brief history is obtained by nursing staff. The facility physician/mid-level practitioner, and ranking security officer are notified. During interview of inmates they confirmed that inmates of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services from medical and mental health staff. Treatment was provided timely and without financial costs to victims of sexual abuse. Inmates were also provided follow-up services in the required time frames.

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

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

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

Various policies/procedures supported the content of this standard, which delineated that a mental health evaluation of all known inmate-on-inmate abusers is conducted within 60 days of learning of such abuse history and are offered treatment when deemed appropriate by mental health practitioners. Inmates are offered pregnancy tests if vaginal penetration occurs and testing for sexually transmitted infections. If pregnancy is confirmed, inmates will be provided comprehensive information and timely access to all lawful pregnancy-related medical services. These treatment services are provided to the victim without any financial cost to them.

Standard 115.86 Sexual abuse incident reviews

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

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

Incident Reviews are conducted at a minimum by the Warden, Major, Unit Safe Prisons/PREA Manager. During the interview process, the aforementioned staff verified that incident reviews were being conducted at Crain Unit.

Standard 115.87 Data collection

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

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

Collection of data is completed systemwide annually. The information obtained is utilized to coordinate renovations, upgrades to the facilities, the need for video monitoring equipment, etc. The agency aggregates the data annually.

Standard 115.88 Data review for corrective action

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

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

Each calendar year the PREA Ombudsman, in coordination with the TDCJ and OIG, submit a report regarding the activities of the PREA Ombudsman during the preceding year. The report, at a minimum, includes public information regarding each investigation and monitoring activities relating to sexual abuse completed during the fiscal year by the PREA Ombudsman and the OIG, and statistics collected by the PREA Ombudsman and the OIG regarding allegations of sexual abuse. The annual report shall include a comparison of the data and corrective actions taken from the current year with those from prior years and will provide an assessment of the progress made in addressing sexual abuse.

Standard 115.89 Data storage, publication, and destruction

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

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

The TDCJ Records Retention Schedule indicates that Offender Protection Investigation Summary and Sexual Abuse Investigation Checklist has a permanent retention schedule.

AUDITOR CERTIFICATION

I certify that:

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

Patricia S. Stover 
Auditor Signature

5/18/16 p
Date