

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



<b>Name of facility:</b>		Alfred D. Hughes Unit	
<b>Physical address:</b>		3201 FM 929, Gatesville, TX 76597	
<b>Date report submitted:</b>		11/30/2015	
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<b>Date of facility visit:</b>		October 12-14, 2015	
<b>Facility Information</b>			
<b>Facility mailing address:</b>		Route 2 Box 4400 Gatesville, TX 76597	
<b>Telephone number:</b>		254-865-6663	
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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<b>Agency Information</b>			
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<b>Governing authority or parent agency: (if applicable)</b>		State of Texas	
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## **AUDIT FINDINGS**

### **NARRATIVE:**

An audit of the Alfred D. Hughes Unit (Hughes Unit) was conducted on October 12-14, 2015 by auditors David Andraska and Ty Martin to determine compliance with the Prison Rape Elimination Act (PREA) standards finalized August 2012. Three weeks prior to the audit, the lead auditor David Andraska, received the PREA Pre-Audit Questionnaire and other relevant documents on a thumb drive provided by the agency.

The night before the audit, the auditors met with Senior Warden John Werner. A tentative schedule was set with the Warden for the audit time frame.

The audit began with an entrance meeting with Senior Warden John Werner and the following staff and guests: Assistant Warden Bruce Armstrong, Assistant Warden Renee Maldonado, Major Anthony Patrick, Major Jerry Bell, Unit Safe Prison Manager Sergeant Josh Knoch, and Regional Safe Prisons Brandy Mouse and Cassandra Mcgilbra from the Safe Prison Management office.

A complete tour of the facility was conducted October 14, 2015. The following areas of the operation were visited and observed for PREA compliance: visitation, inmate living areas/pods, garment factory, maintenance, chapel, law library, recreation area, intake unit, gym, commissary, laundry, medical, infirmary, barber shop, segregation isolation, food service, supply, human resources office, records office, and yard. The facility provided the requested information to be used to identify offenders and staff to be interviewed (random and specific category) including an alpha listing of all offenders housed at the facility, lists of staff by duty position and shifts, lists of offenders for specific categories to be interviewed, and a list of volunteers. All required facility staff and offender interviews were conducted on-site during the three day audit. The auditors also utilized interviews of Agency staff from previous PREA audits. The random interviewees were selected by the auditors from the list of offenders and staff provided by the facility. Offenders who were identified as being in a designated group (e.g., disabled, limited English speaking ability, LGBTI, or who reported a sexual abuse) were interviewed. Additionally, specialized staff was interviewed including the Warden, PREA Manager, Investigators, first responders, intake, health care staff, and mental health staff. A total of 40 offenders, 32 staff and 1 volunteer were interviewed. In addition to these formal interviews, many informal discussions were held with staff and inmates which assisted in this PREA compliance audit.

There were 75 allegations of sexual abuse and sexual harassment received by the Hughes Unit in the past twelve months and random samples of investigations were reviewed. The audit team received two offender letters prior to the audit. During the audit process, one offender was interviewed regarding his concerns. Discussion with the PREA manager followed. The second offender was no longer at the facility. No further action was taken.

When the on-site audit was completed, the auditor conducted an exit meeting. While the auditor could not give the facility a final finding, the auditor did provide a preliminary status of his findings and suggestions. The auditor thanked TDCJ, Warden Werner, and Hughes Unit staff for their hard work and commitment to the Prison Rape Elimination Act. The auditors complimented the staff on being very professional and again thanked them for quickly providing resources needed and were grateful for the hospitality.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Hughes Unit is operated by the Texas Department of Criminal Justice (TDCJ) and is physically located near the town of Gatesville, Texas about 100 miles north of Austin, Texas. The facility sits on approximately 72 acres of land adjacent to or abutting the U.S. Army's Fort Hood mechanized infantry base. It is a maximum security facility capable of housing 2,900 offenders. Custody levels housed are G1-G5, Administrative Segregation and Safekeeping. All twenty buildings at the facility except for the Dog Yard and Horse Barn are located inside the fenced compound. Of the twenty buildings one houses the administrative offices including the Warden's office, Human Resources, Inmate Records and the central control room and visiting park. There are six cell block type units housing general population inmates, one of which houses pre-trial, disciplinary confinement and in-transit inmates and another containing six pods with single cells housing inmates in Administrative Segregation. There are also two open bay style dormitories. There is a large kitchen and laundry building, medical and education building, two gyms, a vocational building, maintenance shop, paint shed, boiler /power house, industries garment factory and visitors reception/shake-down building which contains the arsenal and lock shop. The unit is also the Regional Medical Facility for other facilities in the Gatesville area. The dog yard and horse barn are located about a mile away from the compound and consists of the kennels for the twenty or so "pack" dogs and scent specific dogs and a barn with stalls and office space for the canine program staff.

The overall mission of TDCJ is to provide public safety, promote positive change in inmate behavior, reintegrate inmates into society and assist victims of crimes.

## **SUMMARY OF AUDIT FINDINGS**

The Hughes Unit interim audit report was issued on 11/12/2015 identifying one standard that required corrective action. The corrective action plan was reviewed and verified on 11/30/2105 and it was determined that the Hughes Unit has met all applicable standards. The final results of the Hughes Unit PREA audit are listed below:

Number of standards exceeded: 1  
Number of standards met: 39  
Number of standards not met: 0  
Number of standards not applicable: 3

**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)

The Texas Department of Criminal Justice (TDCJ) has a written policy, policy number ED-03.03, revised in August 2013 that mandates zero tolerance towards all forms of sexual abuse and sexual harassment. TDCJ has appointed the Director of the Correctional Institutions Division to coordinate agency-wide compliance with PREA standards through the establishment of a Safe Prisons/PREA Compliance Plan. The Safe Prisons/PREA Compliance Plan details implementation of the agency's zero tolerance policy, defines prohibited behavior, outlines strategies and responses to reduce and prevent sexual abuse and sexual harassment, and details sanctions for violators.

Organizational charts were reviewed and it was noted that the PREA Compliance Manager is also the Director of the Correctional Institutions Division and there are PREA coordinators for each region. The PREA manager for the Hughes Unit is Sgt. Knoch, who has direct access to the Warden.

Through discussions with staff and inmates, observation of bulletin boards, posters, handouts and signs, review of inmate and staff handbooks, and personnel policies, it is clear that the Hughes Unit is committed to Zero Tolerance of sexual abuse and sexual harassment.

**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)
- Not Applicable

The Hughes Unit has not entered into or renewed any contracts on or after August 20, 2012 with other entities for the confinement of inmates.

### **Standard 115.13 Supervision and monitoring**

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

The facility meets this standard. The standard is addressed in AD-11.52, PO-07.002, PO-07.003, PO-07.004, PO-07.005, and Safe Prisons PREA Plan. The staffing rosters were reviewed along with the annual staffing plan. Unannounced rounds were verified via interviews with staff, inmates, and supervisors that unannounced rounds were being made at the facility.

### **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)
- Not Applicable

The Hughes Unit does not house youthful inmates.

### **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)

TDCJ has implemented an administrative directive, AD-03.22, revised in August 2013, that establishes policies and procedures for searches of all offenders, including transgender and intersex searches. All security staff received training on conducting cross-gender pat-downs, and transgender and intersex searches consistent with security needs. Additionally, all staff received pre-service or annual in-service training. The Hughes Unit only houses male offenders.

### **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)

Policies AD-04.25, CMHC G-51.5, AD-06.25, SM-05.50, and SPPOM 02.03 addresses this standard in policy. Several staff were fluent in Spanish and a list was available for all staff. Posters and inmate education material was available in English and Spanish. 4 bilingual inmates were interviewed, with bilingual staff assistance and all indicated that there were no known incidents of inmate interpreters being used for PREA investigations. There were several bilingual staff employed at the facility. All bilingual inmates interviewed indicated that there were no issues understanding PREA reporting procedures and Safe Prisons expectations and bilingual staff were available throughout the facility.

### **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)

Policies PD-71, PD-73, PD-75, and PD-27 address this standard in policy. A review of random personnel files were reviewed and support that background checks are being conducted prior to offering a position. 5 year checks were in place. The human resources staff member was interviewed and demonstrated the procedure for processing of new employee application, background check, and hiring. She was very knowledgeable of the process and explained the employee processing to maintain compliance with the PREA standard.

### **Standard 115.18 Upgrades to facilities and technologies**

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

- Does Not Meet Standard (requires corrective action)

The Hughes Unit has not acquired any new facilities or made any substantial expansions or modifications to existing facilities since August 20, 2012. The Hughes Unit has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since August 20, 2012. The Hughes Unit is planning a comprehensive video surveillance system installation in 2016 pending funding.

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

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

TDCJ is responsible for conducting administrative and criminal sexual abuse investigations, and Policies AD-16.03, SPPOM-05.01, CMHC G57.1, and SPPOM-02.02 address this standard in policy. The facility has contracts with local hospitals that provide access to SANE trained medical staff if the need arises. The agency provides training to victim advocates at the facility and a qualified victim advocate was available to all inmates. Forensic medical exams are offered with no cost to the victim and are conducted by SAFEs/SANEs when possible. Within the past 12 months, 3 forensic medical exams have been conducted on offenders from the Hughes Unit.

### **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)

Policies SPPOM-05.05, and SPPOM-05.01 address this standard in policy. During the past 12 months, the facility received 75 incidents of alleged abuse and/or harassment. All incidents were reported to the OIG. All incidents were investigated to the fullest extent at the facility with 37 allegations referred for criminal investigations.

### **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)

In accordance with TDCJ's administrative directive, AD-12.20, all uniformed and designated non-uniformed employees receive training on PREA requirements at least once a year during their annual in-service training. In the past 12 months, 704 employees at the Hughes Unit were trained on PREA requirements. A review of the training curriculum, training records and interviews with staff support that staff have been trained regarding the requirements of PREA. The facility provides shift turnout reminders and training tools related to PREA requirements. The institution staff were very knowledgeable of PREA requirements and expectations as it relates to reporting, investigations, and treatment of inmates reporting PREA related issues.

#### **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)

Policies AD 02.46, AD 07.35, and PD29 address this standard in policy. The reference material entitled "A Handbook for Volunteers" supports this in policy. The training records reviewed and interviews with volunteers supported that volunteer training was provided sufficient to meet this standard. 1 volunteer was interviewed and acknowledged the training and issues discussed in the training. In the past 12 months, 8,426 volunteers and 72 contractors have received training on these policies. TDCJ maintains documentation of such training by requiring each volunteer/contract to sign an Acknowledgement of Training form after each training session.

#### **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)

Policies SPPOM-02.03, SPPOM-06.02, UCPM-05.00, AD-04.25, AD-06.25, CMHC G-51.1, and CMHC G-51.5 support this standard in policy. The Hughes Unit inmates receive information at intake about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Most of the inmates interviewed indicated that they had been interviewed and provided educational videos on the subject.

### **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)

TDCJ policy, along with investigator training curriculum and personnel policy, all reflect that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The specialty training was verified through investigator interviews and review of training records and the curriculum. The Office of the Inspector General (OIG) manages the PREA compliance training. There are 134 OIG investigators and 68 unit investigators who have received and completed the required training. The agency maintains documentation showing that investigators have completed this training.

### **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)

The following policies supports compliance with this standard: CMHC C-19.1, CMHC C-15.1 and CMHC G-57.1. All medical staff at the facility had been trained appropriately and evidence was provided at the time of the audit to support this. Interviews with staff also supported this process was in place.

### **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)

The following policies and procedures relate to this standard: SPPOM-03.01, Safe Prisons PREA Plan, and IPM-5-06. The intake staff member and PREA Coordinator completed the initial review of inmates within 72 hours of intake. During the corrective action period, a revised procedure and form were developed and implemented to identify and document additional or new information that will be used to reassess the offender's risk of victimization or abusiveness no sooner than 25 days, but no later than 30 days after an offender arrives on the unit.

**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)

The following policies and procedures support compliance with this standard: AD04.17, AD04.18, IPM-4.01, Safe Prisons PREA Plan, SPPOM-03.01, CMHC E 35.1, CMHC G 51.11, and SPPOM-03.02. TDCJ uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexually victimized from inmates at high risk of being sexually abusive. It was clear that the screening process was in place and inmates identified as potential victims or perpetrators were handled very discreetly and professionally by staff at the facility. Several inmates were interviewed who identified prior victimization in the community. Additionally, TDCJ has established procedures, documented in the Correctional Managed Health Care Policy Manual, for individualized determinations to ensure the safety of all inmates and the treatment of intersex inmates

**Standard 115.43 Protective custody**

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

- Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: Administrative Segregation Plan, A1-169, A1-203, Safe Prisons PREA Plan, SPPOM 05.05, Guidelines for Administrative Segregation, E1-204SV. There were plans in place to readily investigate an issue if it were to arise. The Hughes Unit has identified transient status areas to protect alleged victims and reports that this status is in most cases voluntary unless no other alternatives are available.

### **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)

The following policies and procedures support compliance with this standard: AD 14-09, BP 03.91, Safe Prisons PREA Plan, TBCJ PREA Brochure, and ED-02.10. The facility has numerous methods of reporting PREA related offenses. This can be done through verbal, written, and 3rd party methods at the facility. Each inmate is provided free envelopes and postage if they are indigent, which can be utilized for reporting. The Texas Board of Criminal Justice has an Ombudsman office where inmates and outside staff, family, etc. can report PREA related concerns. The office contact information was posted throughout the units and brochures were available to inmates with contact information. Most inmates interviewed were aware of the reporting process. Inmates may report allegations directly to staff, the Office of the Inspector General or the PREA Ombudsman Office. Additionally, Hughes Unit staff may report suspected instances of sexual abuse or sexual harassment to the Ombudsman Office, the Office of the Inspector General or the PREA Ombudsman Office

### **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)

TDCJ has established administrative procedures for dealing with inmate grievances regarding sexual abuse documented in administrative directive AD-03.82. The TCDJ has a process in place whereby a PREA related complaint can be filed as an emergency grievance and not be subject to the standard grievance and informal complaint guidelines. In the past 12 months, 89 grievances were filed of alleged sexual abuse, all of which reached a final decision within 90 days after being filed.

### **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)

The following policies and procedures support compliance with this standard: BP03.91, List of Rape Advocacy Centers, Safe Prisons PREA Plan, and SPPOM 02.02. The facility provides inmates access to a list of advocacy groups available in the community via the law library. The Hughes Unit has a MOU in place with a local advocacy group.

### **Standard 115.54 Third-party reporting**

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

The following policies and procedures support compliance with this standard: ED 02.03, ED 02.10, A General Information Guide for Families of Offenders, Safe Prisons PREA Plan, and SPPOM 04.02. TDCJ established a PREA Ombudsman in 2008. The TDCJ website has information of the PREA Ombudsman Office for third parties to call and confidentially report incidents of inmate sexual abuse or sexual harassment. This information is also available in the General Information Guide for Families of Offenders. Inmate families may contact the office by writing, calling or e-mailing the office. The Hughes Unit posts the phone number and address of the PREA Ombudsman throughout their facility including the visiting room. Numerous inmates interviewed verified that they were aware of this process.

### **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)

TDCJ has established policies and documented in the Safe Prisons/PREA Plan and the Safe Prisons/PREA Operations Manual, that require staff to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect or violation of PREA responsibilities. All staff interviewed were aware of reporting responsibilities.

### **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)

The following policies and procedures support compliance with this standard, AD02.15, SPPOM05.01 and SPPOM05-03. Interviews with staff substantiated their knowledge of the need to remove a victim or alleged victim from danger, the need for medical/mental health intervention, and the need to do a complete investigation in a timely manner. All line staff and supervisors interviewed were aware of victim protection expectations and had demonstrated them in reported incidents. Staff were well versed in their expectations as it relates to this standard. In the past 12 months, there was 1 case reported by the facility where an inmate was determined to be in substantial risk of imminent sexual abuse.

### **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)

The following policies and procedures support compliance with this standard: AD16.20, BP01.07, Safe Prisons PREA Plan, SPPIM04.01, SPPOM05.01, and SPPOM05.05. The Warden,

Major and PREA Coordinator demonstrated familiarity with this requirement. During the past 12 months, there were 2 incidents requiring reporting. The Hughes Unit reported that it had provided notification within 72 hours of receiving the allegation. During the past 12 months, the Hughes Unit received 2 allegations of sexual abuse from other facilities

#### **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)

The following policies and procedures support compliance with this standard: AD16.03, OIG OPM-04.05, and SPPOM 05.01. All staff are trained as 1st responders. All staff interviewed were familiar with the expectations of 1st responders on PREA incidents. TDCJ emphasizes first responder duties by distributing pocket cards and pocket handouts on sexual assault/abuse to include steps to take if a sexual assault occurs. In the past 12 months, there were 71 allegations that an inmate was sexually abused, and in 25 cases, the first security staff member to respond separated the alleged victim and the alleged abuser. There were no instances in the past 12 months where non-security staff served as first responders to an allegation of inmate sexual abuse.

#### **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)

The TDCJ Safe Prisons/PREA Operation Manual dictates responding to an allegation of sexual abuse requires a coordinated effort between unit security staff, the Office of the Inspector General, medical and mental health services and victim advocates or victim offender representatives. Procedures have been outlined to provide a systematic notification in the response process following a reported sexual abuse incident. The Safe Prisons/PREA Plan details coordinated actions to be taken in response to an incident of sexual abuse. Interviews with the Warden and higher-level staff indicated a commitment by the facility leadership for handling a coordinated response.

**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)
- x Not Applicable

The TDCJ is not responsible for collective bargaining on the agency’s behalf. Texas is a “right to work state” and does not have collective bargaining that would interfere with the preservation of the agency’s ability to protect inmates from contact with abusers.

**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)

The Safe Prisons/PREA Plan of the Texas Department of Criminal Justice protects all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by staff or inmates. Additionally, personnel policies PD-13, PD-22, PD-29 and PD-31 also protect against retaliation. There is a 90 day monitoring time period for retaliation review. The agency has a 90 day monitoring requirement to ensure retaliation is not an issue with the reporting of sexual harassment or abuse. The Hughes Unit has designated the Unit Safe Prisons PREA Manager, the responsibility of monitoring retaliation. There have been zero (0) number of times of an incident of retaliation has occurred in the past 12 months.

**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)

The following policies and procedures support compliance with this standard: AD03.50, AD04.64, Administrative Segregation Plan, ASC Review Decisions, Guidelines for Administrative Segregation, and Safe Prison PREA Plan. The facility had a plan in place to avoid housing victims in segregation. The Hughes Unit has identified transient status to protect alleged victims and reports that this status is in most cases voluntary unless no other alternatives are available.

### **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)

TDCJ has established policies, documented in administrative directive AD-16.20 and the Safe Prisons/PREA Plan, requiring an investigation to be conducted and documented whenever a sexual assault or threat is reported, and for all substantiated allegations that appear to be criminal to be referred to the Office of Inspector General (OIG). Since August 20, 2012, no allegation of possible criminal conduct was referred for prosecution.

### **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)

TDCJ has established policies, documented in the Safe Prisons/PREA Plan, the Safe Prisons/PREA Operations Manual as well as in the CTSD Specialized Investigations training, that impose a standard no higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. The investigators interviewed at the facility were aware of that requirement and had demonstrated their knowledge during active investigations.

### **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)

The following policies and procedures support compliance with this standard; Safe Prisons PREA Plan, SPPOM-05.05, SPPOM-05.11, and SPPOM-05.10. requiring that following an investigation, the agency will inform the offender as to whether the allegation has been substantiated, unsubstantiated or unfounded. In the past 12 months, 40 administrative investigations of alleged inmate sexual abuse were completed by the agency. Of this group, 17 were notified of the results of the investigation consistent with a new agency policy that went into effect in August 2014. The PREA Coordinator was aware of this standard.

### **Standard 115.76 Disciplinary sanctions for staff**

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

The following policies and procedures support compliance with this standard: PD29, PD13, PD22, and AD16.20. The agency policy outlines that an employee is subject to discipline up to termination if deemed to have committed a PREA identified violation. In the past 12 months, no staff has been found in violation of PREA policies, and therefore, no disciplinary sanctions or terminations have been warranted.

### **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)

The following policies and procedures support compliance with this standard: Volunteer Services Training Video, Acknowledgement of Volunteer Training, PD29, Safe Prisons PREA Plan, and Volunteer Services Plan. Agency policies outline removal of volunteers and contractors for PREA identified violations. In the past 12 months, there have been no allegations of sexual abuse against contractors or volunteers

### **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)

The following policies and procedures support compliance with this standard: GR-106, and the Safe Prisons PREA Plan. The Disciplinary Rules of Procedures for Offenders identified PREA related violations and their possible outcomes. The agency inmate disciplinary process also identified the requirement that an inmates mental capacity and disability limitations be taken into consideration during the disciplinary process. No inmates were disciplined for reporting incidents. No inmate interviewed indicated that there were concerns with disciplinary action. In the past 12 months, there has been 2 administrative finding of inmate-on-inmate sexual abuse that occurred at the Hughes Unit. In the past 12 months, there have been no criminal findings of guilt of inmate-on-inmate sexual abuse.

### **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)

The following policies and procedures support compliance with this standard: CMHC E-35.1, CMHC E-35.2, CMHC G-57.1, Safe Prisons PREA Plan, SPPOM 03.01, CMHC A-09.01, CMHC H-61.1, SPPOM05.05, CMHC I-70.1, and CPOM 02.05. All medical and mental health practitioners at the facility were aware of their responsibilities and consent requirements. In the past 12 months, the Hughes Unit reported no inmates disclosed prior victimization during screening.

### **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)

The following policies and procedures support compliance with this standard: CMHC A01.01, CMHC G57.1, SPPOM 05.01, and the Safe Prison PREA plan. The Hughes Unit provides inmate victims of sexual assault timely, unimpeded access to emergency medical treatment and crisis intervention services without any cost to the inmate.

**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)

The following policies and procedures support compliance with this standard: CMHC G-57.1, Safe Prisons PREA Plan, SPPOM-05.01, SPPOM-05.05, and CMHC G-57.1. The agency policy outlined the availability of follow-up mental health and medical care at no cost, if needed or requested. The Hughes Unit only houses male inmates.

**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)

The following policies and procedures support compliance with this standard: AD-02.15, Safe Prisons PREA Plan, and SPPOM-08.01. The incidents reported at this facility had after action review processes in place and follow up. Reviews are conducted by the Warden, PREA Coordinator, and any other pertinent staff. It was obvious in interviewing the incident review team that review processes were in place at the facility. In the past 12 months, 47 criminal and/or administrative investigations of alleged sexual abuse were completed at the Hughes Unit, excluding unfounded incidents. Of these, 47 investigations were followed by a sexual abuse incident review within 30 days.

**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)

The following policies and procedures support compliance with this standard: AD-02.15, BP-02.09, OIG OPM-04.05, Safe Prisons PREA Plan, SPPOM-01.01, and Survey of Sexual Violence. TDCJ uses the Department of Justice's (DOJ) Survey of Sexual Violence form as a standard form and definitions sheet to facilitate the uniform collection of data for every sexual abuse allegation. The agency collects data system wide and submits a report annually. The regional PREA Coordinators verified this process. The agency uses this information to coordinate camera funding, etc.

#### **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)

The following policies and documents support compliance with this standard: Safe Prisons PREA Plan, BP-02.09, and PREA Ombudsman Annual Report. The agency collects data on all allegations of sexual abuse in order to make physical and policy improvements as necessary. This was confirmed with the regional PREA Coordinator. Annual reports, approved by the agency head, containing institutional assessment information are posted on the TDCJ website: <http://tdcj.state.tx.us/publications/index.html#PREA>.

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

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

The following policies and procedures support compliance with this standard: AD Records Retention Schedule. All PREA related assessments, investigations, training records, etc. are maintained per retention schedule. This was verified through the regional PREA Coordinator.

**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.

/s/ D. Andraska

11/30/15

Auditor Signature

Date