

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:	Federal Correctional Complex Butner		
Physical address:	Old NC HWY 75, Butner, North Carolina 27509		
Date report submitted:	January 6, 2015		
Auditor Information			
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Date of facility visit:	April 29, 2014 thru May 2, 2014		
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:	919-575-3900		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input checked="" type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager: Mark J. Bolster			Title: Associate Warden
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Agency Information			
Name of agency:	Federal Bureau of Prisons		
Governing authority or parent agency: <i>(if applicable)</i>	U.S. Department of Justice		
Physical address:	320 First St., NW, Washington, DC 20534		
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Agency Chief Executive Officer

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AUDIT FINDINGS

NARRATIVE:

FCC-Butner consists of five separate facilities. The first to be constructed on the site (1976) was FCI-1. Approximately one half of the beds were organized into program modules for education and vocational training. The rest of FCI-1's beds were designated as a progressive Psychiatric Center for the Bureau of Prisons. Currently many of the 750 inmates housed at FCI-1 have complex chronic medical and behavioral health care needs classified at Care Level 3. They are involved in mental health and substance abuse treatment programs.

The second facility to be constructed, (1993) was the FPC. It is a minimum-security camp, which now provides approximately 300 inmates who work on the grounds and in the complex of support buildings located outside of the four secure facilities.

The third addition to the complex (1996) was the LSCI. Its main function is to house and treat inmates whose health care needs are classified at Care Level 3. One of the main programs at the LSCI is a non-residential, substance abuse treatment program with both group and individual counseling and transitional services for inmates who have completed the residential substance abuse treatment program at FCI-1.

The fourth facility added to the Complex (2001) was the Federal Medical Center, which was activated as a 513-bed tertiary care hospital with additional space for 250 work cadre inmates. The hospital houses inmates with medical and behavioral health care needs classified at Care Level 4 (inpatient care). An Employee Development Center was also constructed as part of this facility.

A fifth institution, FCI-2 was added to the complex in 2006. It was originally designed to meet the needs of 1400+ inmates requiring Care Level 3 medical and behavioral health care services. These include providing complex chronic care, physical therapy and

occupational therapy. As part of this fifth addition to FCC-Butner, a firing range and an outside armory were constructed.

The mission of the FCC-Butner is focused on providing medical and behavioral health care services to inmates who come from all the facilities of the Federal Bureau of Prisons. These inmates have health care needs at both Care Level 4 and Care Level 3. Providing both medical and behavioral health care is the primary mission of the Complex.

SUMMARY OF AUDIT FINDINGS:

During the visit the auditor conducted 30 random inmate interviews, 2 random inmate interviews from a list that included potential “victims” based on criteria from appendix A and the Intake Screening Tool, 12 random staff, and all specialized staff as outlined in the Bureau of Justice Assistance documents. Inmates and staff were well aware of PREA. Inmates interviewed were knowledgeable about how and where to report sexual abuse and sexual harassment. They all indicated they had received written and video information either in the Receiving and Discharge area on their arrival or on the housing units for those that have been at the facility for a considerable amount of time. All staff at FCC is trained to be first responders. Each staff person was well versed on their responsibilities in reporting sexual assaults and suspected sexual abuse. When questioned about evidence preservation and medical considerations staff responses reflected agency policy and standard requirements. Informational posters were viewed throughout the facility, in Spanish and English. The facility has had 14 allegations of staff sexual abuse during the last 12 months. Ten of these involved allegation about inmates from inmates. Of these 10 nine were found to be unsubstantiated and one was found to be unfounded. The remaining four involved 4 allegations inmate sexual abuse by an employee. One involved a female custody employee who resigned. That case was handed over to the Office of Inspector General and never prosecuted. The three remaining cases were referred for prosecution. In all but the one unfounded case reviews were conducted.

Prior to arriving at Butner the auditor received three referrals from three inmates two who identified themselves as transgender inmates. All three had alleged PREA complaints.

The first inmate alleged he was touched inappropriately by one of the facility Doctors. The complaint he was seeing the Doctor for was chest muscle pain. The Doctor checked the breast area for signs of tumors or abnormalities during the exam. The case was investigated and determined unfounded. The inmate had a history of mental health issue and was not one of the transgender inmates who raised issues.

The second inmate, a transgender inmate, had concerns about shower curtains, the height of bathroom stall partitions and receiving female undergarments, cosmetics and hair dye. The shower curtain concern was handled prior to my arrival. The toilet partition height was discussed with the Warden and was increased for added privacy. The inmate had received the undergarments and some cosmetics. The facility was not allowing hair coloring because they believed it raised security concerns with personal appearance changes. The Warden agreed to discuss the issue raised with Central Office,

The third inmate alleged he had been sexually assaulted at another BOP facility in January 2012. He did not report it immediately but upon being transferred he alleged using the TRULINCS Office of Inspector General Link and filed a report through it. He also alleged during intake at three different BOP prisons he identified himself as transgender in the Receiving and Discharge area. He further alleged, in the interview, he had sent three emails to the Mental Health Office while at Butner requesting hormone therapy as a transgender inmate. He did provide to the auditor a sick call document requesting hormone therapy stating he was transsexual while FCI Pollock. He was seen by the medical unit and advised of the procedure to follow and there was no further contact from him while there. During his subsequent transfers and moves he never once identified himself during intake screening as transgender or a victim of previous sexual abuse, at least with the intake documents this auditor saw. I have followed up with the institution on this individual and his case is under review for gender dysphonia.

Number of standards exceeded:	1
Number of standards met:	39
Number of standards not met:	2
Not Applicable	1

§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)

Bureau of Prisons (BOP) has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment in Policy, Sexually Abusive Behavior Prevention and Intervention Program (PS 5324.11). The policy describes the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment and includes definitions of prohibited behaviors.

The National PREA Coordinator and the Complex PREA Manager indicated they have sufficient time and authority to implement and oversee efforts to comply with PREA standards.

§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)

The agency does contract with other entities for the confinement of inmates and has a contract monitor. PREA auditor David Haasenritter who shared the results his interview with the Agency Contract Manager. The contracts were discussed and reviewed to ensure the private facilities adopted and complied with PREA standards, and provided for monitoring compliance with PREA standards.

§115.13 – Supervision and Monitoring

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

FCC Butner has a staffing plan that requires taking into account items such as generally accepted detention practices, physical plant, inmate population and prevalence of substantiated and unsubstantiated sexual abuse allegations. Sean Marler and Mark Bolster are personally involved when reviewing staffing requirements and appropriate numbers of assigned staff. To date the facility has not deviated from their staffing plan. Mid level supervisors indicates during interviews that frequent unannounced rounds are made on all shifts. This was observed during the site visit.

§115.14 – Youthful Inmates

FCC Butner is an adult male facility that does not receive inmates under the age of 18 years. The standard is not applicable.

§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)

X Does Not Meet Standard

There have been no incidents of cross gender body searches. Inmates are provided privacy while showering (curtains). In a few areas bathroom stall walls were at a height that would allow someone in the area to see the individual using the toilet. The stall height was increased during the preparation of the interim report bringing the facility in compliance with this section of the standard.

In the Medical Center there is a unit in which there are 36 cells that have cameras. Staff indicated these cells are used for placing inmates at high risk of suicide. The

cameras have full view of the room including the toilet. Inmates can also be observed getting dressed and undressed. These cameras are viewed in a room staffed by a custody staff member who may be female. There are two rooms in the FCI-1 that are used for the same reason and also have the same camera views. This violates 115.15 (d) of the standard. During the corrective action period the auditor discussed with the PREA Resource Center the [interpretation](#) of "operationally indicated." The facility believes it meets the exemption to these suicide cells based on the [explanation](#) in the Q&A section on the PREA [Resource](#) Center web site. After discussing the utilization of these cells and the facility suicide policy it was determined that the facility meets the [intent](#) of operationally indicated with regard to the gender cross viewing [concerns](#) with these suicide cells

Female staff do not announce each time they enter into the male housing units as required by the standard 115.15 (d). There is a general announcement made at the beginning of the shift over the facility intercom. During the inmate interviews, some inmates indicated females routinely enter the housing units during the day and do not announce their presence.

§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)

FCC Butner ensures that inmates with disabilities and inmates who are limited English proficient, have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Efforts include use of sign language, contracts for translation services through Fluent Language Solutions and facility information and agency videos in Spanish. Interviews with both inmates and staff indicated inmates are not used as interpreters, especially if it is an issue with sexual abuse and sexual harassment.

§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)

Agency Policy for Hiring and Promoting (PS3000.03) does not allow hiring or promotions of anyone who have been convicted of sexual abuse in prison/jail or in community. Background checks are done on all employees, contractors and

volunteers. All 5-year re-checks are done and are up to date. According to the interview of the Central Office Human Resource person in Grand [Prairie](#), that handles all requests for employees seeking employment somewhere else, all substantiated allegations of sexual abuse and sexual harassment are reported to the prospective employer.

§115.18 – Upgrades to Facilities and Technology

- 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)

David Haasenritter, PREA Auditor interviewed the Deputy Director of the BOP, she indicated when expanding or upgrading facilities she requires that new technologies be taken into consideration during the design phase to safeguard staff and inmates. Butner has 242 cameras currently. The Complex Warden indicated that he would continue to request funding for technologies to enhance safety for staff and inmates.

§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)

FCC Butner conducts all administrative investigations. When [the investigation determines a crime was committed, the case is referred to](#) the FBI by BOP policy. The facility investigator has received additional training on investigative techniques adopted from the recent edition of DOJ “National Protocol for Sexual Assault Medical Forensic Examinations”. This training is documented in the investigator training record and confirmed in his interview. Inmates that are victims of sexual assault are offered access to forensic exams at no cost through Duke University Hospital. The hospital has a SAFE/SANE nurse available at all times. The facility has not sent any inmate out for a forensic exam. FCC Butner has an MOU with Durham Crisis Response Center to provide victim advocate services to any inmate involved in a sexual assault. Informational posters with contact information were observed throughout the facility during the visit.

§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)

Agency Policy PS5324.11 requires a criminal investigation be conducted each time an allegation of sexual abuse or sexual harassment is made. The interview with the investigator demonstrated his understanding of the agency policy and his responsibilities with regard. If the allegation involves potentially criminal conduct it is referred to the Office of the Inspector General and FBI. The investigative files were reviewed during the audit. The policy for investigations is located on the Agency web page for [everyone's](#) view.

§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)

The staff, at Butner, that were interviewed formally and informally were very knowledgeable about PREA, the Agency Zero Tolerance policy and how to report/respond to allegations of sexual abuse. All staff is trained as first responders. The auditor reviewed the training lesson plan and random employee training records while on site. Employees acknowledge by signature that they [have](#) received and understand the training.

§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)

A review of contractor and volunteer training records, interviews with a volunteer and a contractor indicated that they receive appropriate PREA training. During the interviews they indicated how to respond if confronted with an allegation and what the consequences would be if they violated the BOP policy.

§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)

All inmates receive PREA information upon arrival in the Receiving and Discharge (R&D) area. The information outlines how and who to report. Posters about being free from sexual abuse are prevalent throughout the institution with toll free numbers they can call to report on each. Inmate interviews indicated, those who had recently been through R&D had received training, but some of those who had been at Butner for a long period said they did not receive any training. During the time the site visit concluded and prior to the issuance of the interim report the Complex documented it gave training to all their inmates at "town hall meetings". This training was documented for all inmates.

§115.34 – Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Complex Investigators have received specialized training, in addition to general training provided to all employees. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This [training](#) was documented in the investigators training record.

§115.35 – Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

During the site visit the auditor interviewed random medical and mental health practitioners. This specialized group received additional training to detect and access signs of sexual abuse and sexual harassment, how to preserve evidence, how to respond to victims and how and to whom to report incidents. Interviews with medical and mental health staff confirmed training was conducted. Training records reflect all have received this specialized training as well.

§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)

115.41 (d) Requires:

The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated. (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) whether the inmate is detained solely for civil immigration purposes. Inmates may not be disciplined for refusing to answer.

The objective determination requirement in standard 115.41, necessitates the trained intake screener ask the inmate to self identify as lesbian, gay, transgender, bisexual, and/or intersex. While the screener is required to ask the inmate if he or she chooses to identify as gay, lesbian, bisexual, transgender, and/or intersex, the inmate is not compelled to answer and cannot be disciplined for refusing. The screener must also make a subjective determination as to whether the inmate appears gender nonconforming. The new guidelines issued on September 11, 2014 (Intake Screening Guidance- Prison Rape Elimination Act) do not satisfy the standard requirements. Asking more than one question at time, like this guideline suggests, can be confusing and discouraging for both the inmate and the staff. Furthermore, lumping together sexual orientation, gender identity, disabilities or other vulnerabilities can conflate the meaning and understanding of each of these categories individually. The recommended approach on asking questions about sexual orientation, gender identity and gender expression is to ask the question providing options from which the inmate can choose (lesbian, gay heterosexual etc.). Asking an inmate "do you wish....." can be both confusing and discouraging. Therefore this new direction does not meet the 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 auditor spoke individually with the unit management teams and verified how the intake form and appendix A is used to determine work/housing and education assignments. The explanation from each was consistent in how the information is

used in each specific case. The placement of transgendered and/or intersex inmates is done only after a Central Office Review Committee has reviewed the case. Dave Haasenritter, PREA auditor verified this placement review process with members of the Review Committee and indicated compliance.

§115.43 – Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy PS5324.11 prohibits the facility from placing inmates at high risk of victimization in involuntary segregation unless there is no alternative available. If placed there inmates must be provided programs, privileges, education and work or [document why](#) they didn't. Interviews with the Warden, Segregation Supervisor and Segregation line staff that segregation has not been used during the last 12 months to house inmates at high risk for victimization. The auditor interviewed three transgender inmates and all three indicated they were never placed in segregation for separation issues and have always resided in population.

§115.51 – Inmate Reporting

Exceeds Standard (substantially exceeds requirement of standard)

x Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy Statement PS 5324.11 describes the means by which an inmate may report sexual victimization. Staff and inmate interviews indicated that inmates could report through various methods to staff and Inspector General through TRULINCS computer link directly. Inmates in the SHU are afforded access to TRULINCS link as well. All they need to do is state they have legal work and they are released to the computer and can go to the link and file. It is detailed in the Segregation Manual issued to all inmates.

§115.52 – Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

x Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(PS1330.18) details filing a grievance involving sexual abuse. The policy states no timeline for filing regardless when the alleged incident occurred. Butner had 1 grievance filed alleging sexual abuse and the decision was rendered within the 90-day requirement.

§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)

Butner utilizes the advocacy services of Durham Crisis Response Center. Phone numbers and mailing addresses are provided to the inmate on posters in the housing units and in the inmate handbook. The MOU with Cleveland Rape Crisis Center describes all the services to be provided which includes confidential support services. Inmate interviews confirmed the inmates were informed and know of the confidential support services provided. There is a written MOU on file.

§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)

Butner has third party reporting of sexual abuse or sexual harassment through the BOP Agency web site. It is not easily accessible for making a report. You have to navigate through different pages to get to it but it is available. Most of the inmates that were interviewed were aware of it when questioned.

§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)

Agency policy PS5324.11 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. The auditor reviewed investigative files and random interviews of staff and inmates verified staff immediately report to the investigator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment. Random staff interviews confirmed not disclosing any information of the

allegation except in the conduct of the investigation. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported to the facility's designated investigator.

§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)

Agency policy PS5324.11 requires staff to take immediate action to protect any inmate they learn may be subject to substantial risk of victimization. Interviews with random staff demonstrate they know the steps to take to protect an inmate subject to risks of imminent sexual abuse. Custody staff immediately notifies the investigator, shift supervisor, unit management chief, PREA compliance manager, Deputy Warden and Warden.

§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)

Agency policy PS5324.11 requires when a sexual abuse allegation that an inmate was sexually abused while confined at another facility, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation. Interview of the Warden, Deputy Warden and PREA Compliance manager demonstrated they knew the procedures to follow. There were 13 incident reported as such to date. An inmate arrived at Butner on May 31,2013 alleged being sexually assaulted while at Terra Haute. The auditor reviewed the Warden-to-Warden notification made the same day the inmate arrived at Butner. The case is still open.

§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)

Agency policy PS5324.11 clearly specifies procedures to respond to an allegation of sexual abuse for both security and non-security staff. All BOP staff is trained as first

responders. Random interviews with custody and non-custody staff demonstrated that regardless of their position staff knew the policy and practice. Staff was very cognizant about ensuring safety and well being if the alleged victim while insuring that physical evidence is not destroyed or contaminated. Review of investigative files further demonstrated security and non-security staff knew what to do as the first responder to a sexual assault. There were 2 cases in which non-custody staff was the first responders.

§115.65 – Coordinated Response

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Butner has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interviews with specialized staff confirmed they were knowledgeable about the PREA Plan and the coordinated duties and collaborative responsibilities.

§115.66 – Preservation of ability to protect inmates from contact with abusers

Exceeds Standard (substantially exceeds requirement of standard)

X 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 Master Agreement between the FBOP and Council of Prison Locals – American Federation of Government Employees was signed on July 21, 2014. IAW Article 30 – Discipline and Adverse Actions, Section g, “The employer may elect to reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable laws, rules and regulations.

§115.67 – Agency protection against retaliation

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy PS5324.11 describes the policy and practice to be followed to ensure that there is no retaliation against and inmate or staff member who reported sexual

abuse or sexually harassed. The Associate Warden is the staff member charged to insure compliance to this policy. His documentation demonstrated retaliation was monitored through periodic checks with inmates, review of inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff for up to 90 days. This monitoring is documented in the investigative file.

§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)

As indicated in standard 115.43, use of Protective Custody to protect alleged victims is only as a last resort for a very short time. Interviews with the Warden, Segregation Supervisor and Segregation line staff that segregation has not been used during the last 12 months to protect an alleged victim.

§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)

The institution investigator conducts the investigation immediately on being notified of an allegation. His training record and interview demonstrated the special training he received. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as inmate or staff. Once his investigation supports criminal prosecution the case is referred to the Office of the Inspector General and/or FBI. The facility investigator does not proceed with any further part of the investigation unless directed by either of these Agencies.

§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)

Agency policy PS5324.11 indicates that only a preponderance of evidence as the standard when determining allegations are substantiated. The Investigator indicated that this is the threshold used, during his interview.

§115.73 – Reporting to Inmate

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

A review of completed investigations documented inmates being informed of the outcome of the investigations. They were told whether the allegation was substantiated, unsubstantiated, or unfounded. If the allegation of sexual abuse was by a staff member, the inmate is informed of the status of the staff member in writing whether the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. If the inmate was alleged to have been sexually abused by another inmate, the investigator informs the alleged victim whenever: the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or been convicted on a charge related to sexual abuse within the facility.

§115.76 – Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

PS 5324.11 describes the penalty for staff involved in sexual abuse as, termination shall be the presumptive disciplinary sanction. The auditor was briefed and reviewed case files on four (4) BOP employees. Three of the employees were terminated and one resigned. The cases did continue with three still pending and one was not prosecuted by OIG and is closed.

§115.77 – Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy PS3420.11, is the employee code of conduct policy but applies to contractors and volunteers. It requires contractors or volunteers who engaged in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Warden reported that have been no allegations of sexual abuse by contractors or volunteers. Interviews with

contractors and volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff.

§115.78 – Disciplinary sanctions for inmates

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy PS5324.09 stipulates that inmate-on-inmate sexual activity (not forced) will result in an incident report be written for violation of Code 205. This report results in a disciplinary hearing being held on the inmate within the facility. Staff-on-inmate sexual activity will be subject to disciplinary action and/or criminal prosecution, as appropriate.

§115.81 – Medical and mental health screenings; history of sexual abuse

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

As outlined in Agency policy PS5324.11 any inmate reporting any prior victimization is seen no longer than 14 days after arrival. Any inmate screening indicating sex abuse is also seen within 14 days. Medical and Mental Health staff get consent before reporting prior sex victimization, which took place not in an institutional setting. Interviews with Medical staff and Mental Health practitioners confirmed the practice.

§115.82 – Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy PS5324.11 mandates immediate access to medical and mental health services. The institution and Duke University Hospital provides this care. Inmates receive immediate access to sexually transmitted infection prophylaxis. There is no cost to the inmate. There have been no cases to date.

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

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy PS5324.11 requires all inmates be offered medical and mental health evaluations to those who were sexually abused including follow up services. This was confirmed by interviews with Medical and Mental Health staff and [a review of prior victim records and follows](#) up contacts.

§115.86 – Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy PS5324.11 requires post incident reviews are done within 30 days of the conclusion of every investigation except were the allegation was unfounded. This was confirmed in interviews with the Investigator, Warden and PREA Compliance Manager and during incident reviews. The Institution PREA Compliance Manager documents the review in a report, including recommendations for improvements, if any to the Warden.

§115.87 – Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

X 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 agency provided documents demonstrating data was being collected, aggregated and maintained. Data is collected from a number of sources, but main source is TRUIINTEL system. This collects data on inmate on inmate sexual assault and harassment cases. Office of Internal Affairs (OIA) has a separate system on staff on inmate sexual cases, and the privatization office has a system for collecting data on these incidents. PREA Coordinator has access to info in TRUIINTEL and gets other information upon requests from OIA and privatization staff. The information is aggregated for all to be placed in DOJ BJS Report. The report was completed and provided to DOJ November 2013. During a visit to the Central Office, the auditor observed the data systems, and had investigator staff walk through TRUIINTEL system and privatization office through their system. Both systems collect a lot of good data to include info from the reports. The private facilities provide same data, just different system. David Haasenritter, PREA auditor, verified this.

§115.88 – Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

X 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 Annual report only covered the period from August 2012 to December 2012. IT staff stated they had the info for the whole year, but decision by the PREA Coordinator was to just do the initial time period the standards came into affect. They did not do a comparison because "this was the first year". FBOP Director signed the report. It is posted on the FBOP website. David Haasenritter, PREA auditor, verified this.

§§115.89 – Data Storage, Publication, and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Data is strictly controlled throughout the system. Only SIS staff has access and full rights as applicable. At the FBOP Central Office only the research office staff, PREA Coordinator, and other limited staff have view rights. At the FBOP regional offices the Deputy Director, correctional services staff, and PREA compliance manager has view rights. At the facility the Warden, Associate Warden, Security Captain, Psychology, and PREA Compliance Manger has view rights. Access to the privatization office system is limited to members in their office. Data provided in the annual report is posted for the public to see. Data is retained for at least 10 years. David Haasenritter, PREA auditor, verified this.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

