

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES



<b>Name of Facility:</b> New River Valley Juvenile Detention Home			
<b>Physical Address:</b> 650 Wades Lane, Christiansburg, Virginia 24703			
<b>Date report submitted:</b> February 12, 2019			
<b>Auditor information:</b> Charles J. Kehoe			
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<b>Telephone number:</b> (804) 873-4949			
<b>Date of facility visit:</b> July 19 – 21, 2017			
<b>Facility Information</b>			
<b>Facility Mailing Address:</b> Same as above <i>(if different from above)</i>			
<b>Telephone Number:</b> (540) 381-0097			
<b>The Facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention (Juvenile)	<input type="checkbox"/> Correction	<input type="checkbox"/> Other:
<b>Name of PREA Compliance Manager:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	
<b>Agency Information</b>			
<b>Name of Agency:</b> New River Valley Juvenile Detention Home			
<b>Governing Authority or Parent Agency:</b> <i>(if applicable)</i> New River Valley Detention Commission			
<b>Physical Address:</b> 650 Wades Lane, Christiansburg, Virginia 24703			
<b>Mailing Address:</b> <i>(if different from above)</i>			
<b>Telephone Number:</b> (540) 381-0097 Ext. 302			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Joseph W. Young, Jr.	<b>Title:</b>	Superintendent	
<b>Email Address:</b> 650 Wades Lane, Christiansburg, Virginia 24703	<b>Telephone</b>	(540) 381-0097 Ext. 302	
<b>Agency Wide PREA Coordinator:</b>			
<b>Name:</b> Erika M. Raines	<b>Title:</b>	Deputy Superintendent	
<b>Email Address:</b> Erika.raines@nrvjdh.org	<b>Telephone Number:</b>	(540) 381-0097 Ext. 303	

# AUDIT FINDINGS

## **NARRATIVE:**

The PREA Audit of the New River Valley Juvenile Detention Home (NRVJDH) was conducted on July 19 – 26 2017. The designated auditor was Charles J. Kehoe of Midlothian, Virginia.

The auditor wishes to extend his deepest appreciation to Superintendent Joseph W. Young, Jr., Erika Raines, PREA Coordinator and all the employees of this facility for their professionalism, hospitality, and kindness.

In June of 2017, Superintendent Young mailed a flash drive to the auditor that contained the facility's policies and procedures, training modules, memorandums of understanding, and other PREA related documents.

The Auditor arrived at the facility on Wednesday, July 19, 2017, at 8:00 a.m. The PREA Audit Entrance Meeting was held in the Superintendent's Office at 8:15 a.m. In attendance were Superintendent Joseph Young, Assistant Superintendent Erika Raines (the PREA Coordinator), Nurse Cindy Hauschildt, Shift Supervisor Damen McMahan, and Counselor Rick Hensley-Buzzell. The Auditor thanked the facility leadership for being involved in the PREA process. He also reminded the staff that this facility was the first juvenile facility in Virginia to be PREA Certified in 2014. He said he was honored to be asked to conduct this second audit. The auditor reviewed the Audit Schedule with the administrative team. The PREA Coordinator then provided the auditor with the list of residents in the population and the staff scheduled to work the three days of the audit. The auditor identified the random staff and the specialized staff he would interview. Because of the small number of residents, the auditor said he would interview all residents.

The site review of the NRVJDH began at 9:40 a.m., following the Entrance Meeting. Accompanying the Auditor on the site review was the Superintendent and the Shift Supervisor. All areas where residents may be found were inspected, including the outdoor garden, the greenhouse, and the recreation field. The facility was very neat and clean. Site lines were good and there was ample camera coverage. The Audit Notice was posted throughout the facility as were posters that informed residents how to report sexual abuse and sexual harassment and how to receive outside emotional support from the Women's Resource Center. The auditor confirmed the staffing ratio meets or exceeds the standard of 1:8 and 1:16. The tour concluded at 11:20 a.m. During the tour, the auditor was introduced to staff and residents.

Following the tour the auditor began interviews with the staff.

The first morning of the audit, there were 17 residents in the facility, but one was released by the Court during the day and two more were admitted, for a total of 18 residents at the end of the first day of the audit. Sixteen residents were males and 2 were females. Of the 18 residents, 12 (11 males and one female) were classified as pre-dispositional residents who were awaiting hearings in Juvenile and Domestic Relations District Courts (JDR Courts), one male was awaiting sentencing as an adult in Circuit Court, and five (four males and one female) had been committed by JDR Courts into the NRVJDH Post Dispositional Program.

All 18 of the residents in the facility were interviewed. Three residents were interviewed twice. Two of the residents had reported a prior victimization and the third resident was interviewed because she identified as being a lesbian. The facility does not have isolation rooms, but may confine a resident to his/her room for serious behavior violations. There were no residents in their rooms for disciplinary reasons on the days of the audit. None of the residents interviewed reported being sexually abused in the facility. There were no residents with disabilities or with language difficulties. Interviews with residents clearly indicated that they are well informed about PREA, their rights, and how to report an abuse. New admissions are informed about PREA during intake and given the "Break the Silence," PREA brochure. Within three to five

days, new residents see an impressive PowerPoint presentation that is conducted by the nurse and offers ample opportunity for the resident to ask questions and answer questions. The PowerPoint is available in both English and Spanish. Seventeen of the residents reported that they felt safe in this facility and that they are treated well by the staff. One resident who had never been in any juvenile detention or correctional facility before said he felt he might be in danger here.

Ten direct care staff were randomly selected by the auditor from all shifts and were interviewed. Nineteen interviews were conducted with staff or contractors in specialized areas and included the Agency Director, Superintendent (the same person as the agency director), the Assistant Superintendent/PREA Coordinator, Intermediate/Higher Level Staff who make unannounced rounds (2), medical and mental health staff (2), the Human Resources Manager, contractors (2), the PREA Investigator, the staff member who screens for victimization and abusiveness, a staff member who supervises youth in isolation, an Incident Review Team Member, the staff member who monitors for retaliation, staff who act as first responders (2), and the intake staff member. It must be noted that since this is a small facility, several of the staff have multiple responsibilities thus some individuals were interviewed two or three times (one shift supervisor was interviewed four times) if their duties covered more than one specialized area. In addition, during the site review, the auditor called the Women's Resource Center (the victim advocate agency) to ask if they had received any allegations of sexual abuse or sexual harassment from the NRVJDH. The staff member said the agency has not received any calls from the facility, to her knowledge. Following the audit, the auditor also interviewed the Outpatient Supervisor at New River Valley Community Services to discuss how a resident of the facility could report an allegation of sexual abuse or sexual harassment and if his agency had received any allegations. He described how a resident could make the call and said to his knowledge that agency has not received any allegations.

In all, the auditor conducted 51 interviews.

The auditor found that the NRVJDH is a highly organized facility with well written policies and procedures. As with the facility's first PREA audit, the administration and staff were well prepared for this audit and continue to meet the PREA Juvenile Facility Standards. While there were a few areas the auditor required further information following the audit, those areas were cleared during the 45-day report writing period. Documentation confirmed that the corrections have been made.

All staff who are authorized to do admissions are well trained on how to conduct the initial resident assessment and provide education about PREA to the new resident.

The academic program at the facility is operated by the Montgomery County Public Schools under a program referred to as State Operated Programs that is funded through the Commonwealth of Virginia.

Staff training is very comprehensive. During the interviews, direct care workers described, in detail, procedures for protecting residents from harm or threats of retaliation, the preservation of evidence, the mandatory reporting requirements and how they can privately report an allegation. Training records were reviewed and provided documentation that the training took place.

The facility added 21 new cameras since the first audit in 2014. The cameras are positioned throughout the facility. There are now 38 cameras covering this facility. Camera monitors are found in the offices of the Superintendent, the Deputy Superintendent, the shift supervisors, and the control room. The quality of the images is very good. The system has an automatic 45 days of storage. During the audit, the auditor reviewed previously recorded activities.

Medical and mental health services are provided to the residents of the NRVJDH. Mental health services are provided by New River Valley Community Services (NRVCS) and include two full-time clinicians and a child psychiatrist who comes to the facility once a month. The medical services are provided under a contract with Dr. Robert W. Dums, M.D. In addition to Dr. Dums, there is a full-time Registered Nurse, who is employed by the facility and focuses her attention on the residents' health care needs, provides the

comprehensive PREA education program for new admissions and updates residents screening for risk of sexual abusiveness and victimization every 30 days. Dr. Dums, the Registered Nurse, and the staff from NRVCS and have been fully PREA trained and have received the required background checks.

A shift supervisor serves as the facility investigator and received the PREA Investigator Training at the Virginia State Police Academy by the Moss Group, Inc. The investigator conducts administrative investigations and assists the local law enforcement agency, as directed, if the allegation is criminal in nature. The facility has a Memorandum of Understanding (MOU) with the Christiansburg Police Department. The NRVJDH is required to report any suspected abuse or neglect to the local Department of Social Services. It must also file a report with the Virginia Department of Juvenile Justice.

The auditor reviewed two investigations that had been conducted since the last audit. The first investigation was performed in May of 2015 and involved an allegation of resident-on-resident sexual harassment. The finding was substantiated. The victim resident had been informed of the finding and was monitored for retaliation. The resident who harassed the victim was disciplined under the facility's disciplinary policy. The second allegation happened in April of 2017. One resident reported that he had been touched by another resident as they left the gym. After an investigation, the allegation was determined to be unfounded. Both investigations were thorough and completed in a timely fashion.

The NRVJDH is a small facility. Currently, the staff to resident ratio is greater than one-to-one. NRVJDH has a comprehensive policy and procedure that describes the need for positions to ensure appropriate levels of supervision to ensure the safety of residents. On an annual basis, the Superintendent and the PREA Coordinator assess the staffing and facility logistics and determine if adjustments are necessary. The auditor reviewed the staffing plan for the previous three years. The PREA Staffing/Facility Logistics Assessment form covers the essential questions in 115.313. The facility is also required to meet the staffing ratio standards of the Virginia Board of Juvenile Justice.

The NRVJDH has a procedure in place to collect data regarding sexual assaults and sexual harassment and publishes an annual report on its Web site, as required by Standard 115.388, that reports data regarding sexual assaults and sexual harassment and the facility's continuous effort to comply with all the PREA standards. The auditor reviewed the Annual Reports for the previous three years.

When the on-site audit was completed, the auditor conducted an exit meeting at approximately 2:00 p.m. on July 21, 2017. The Superintendent, the Deputy Superintendent, the Shift Supervisor, and the Counselor were in attendance. While the auditor could not give the facility a final finding, as there were some issues needing further attention, the Auditor did give an overview of the audit and thanked the Superintendent, the Deputy Superintendent and the entire staff for their hard work and commitment to the Prison Rape Elimination Act.

The auditor finds that as of August 31, 2017, the New River Valley Juvenile Detention Home meets the Standards for Juvenile Facilities of the Prison Rape Elimination Act.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

In September of 1971, the New River Valley Planning District appointed a committee to study the need for a Juvenile Detention Commission, as per the Code of Virginia Sections 16.1-315 – 16.1 – 322. In less than four months, the New River Valley Juvenile Detention Commission held its first meeting and began to focus on establishing a new juvenile detention home. The Commission was composed of appointed representatives from the following jurisdictions: the City of Radford and the Counties of Giles, Montgomery, and Pulaski. The new Commission's immediate challenges were to locate a site for the new juvenile detention home, secure funding from the participating jurisdictions and the Commonwealth of Virginia, and select an architect. The site for the property was donated by Montgomery County in the Town of Christiansburg. Utility hook-ups were provided by Christiansburg. The participating jurisdictions each pledged \$100,000 with \$283,554 coming from state funds. The groundbreaking took place in June of

1973. The facility was fully operational on August 29, 1974. The total cost of the facility was \$552,050. In the late 1990s, a gym, an additional classroom, additional bathrooms, and locker rooms were added to the facility at a cost of approximately \$750,000. For the last several years the Commission has been developing plans with Moseley Architects for a long-range plan for the facility. In preparing the Planning Study, the facility administration and the architect considered the prevention of sexual abuse and harassment in every facet of the design. The planning report confirmed that the PREA Juvenile Facility Standards were discussed in the context of the plan.

The New River Valley Detention Commission is a political subdivision under the Code of the Virginia, Section 16.1 – 315. The purpose of the six-member Commission is to own, operate, and manage a juvenile detention facility. The Commission meets monthly.

The NRVJDH is located on five acres of land. The single structure has two sleeping units. One serves males only and the other hall has rooms for male and female residents. The facility design capacity is 24 residents. There are 20 sleeping rooms, a large dayroom/activity area, three classrooms, a large gym, offices, a medical clinic, and a kitchen. Outside the building are storage areas, a greenhouse, and a large recreation area. The average daily population for 2016 was 14 residents.

The Mission Statement of the NRVJDH is stated as follows:

“We will provide secure custody for and care of juveniles in a safe healthy environment, while protecting the community. As an integral part of the rehabilitation process, supervision, guidance, and counseling are used to control and prevent delinquency by promoting personal responsibility, social accountability, and emotional growth.”

There are 25 full-time (22 filled and three vacant) and three part-time, authorized, NRVJDH positions, eight education staff employed by the Montgomery County Public Schools, and two-full time qualified mental health clinician who are employed by New River Valley Community Services (the local mental health agency).

The NRVJDH provides pre-dispositional services to male and female residents who are awaiting a court hearing or transfer to another institution. The average length of stay is 14 days. The detention home also has a Post-Dispositional Program known as G.O.A.L.S for youth who are committed to the program by a Juvenile and Domestic Relations District Court Judge under the Code of Virginia 16.1-284.1. The facility offers the Judge and the Court Services Unit an alternative to state commitment. The term of the program is from 31 to 180 days, depending on the Court’s Order. A service plan is created with input from the resident and his/her parents. Education and career goals, as well as psycho-social needs are assessed, matched to available resources and incorporated into the plan of action. As previously stated, on the day of the audit, five of the 18 residents in the facility were classified as Post-Dispositional residents. The average length of stay for the Post-Dispositional Program is 45 to 90 days.

As previously stated, the academic program is administered by the Montgomery County Public Schools under a program referred to as State Operated Programs that is funded through the Commonwealth of Virginia. The mission of the academic program is to provide appropriate educational services to the residents of the NRVJDH. The program is tailored to the individual student’s needs and focuses on providing the student with a positive and rewarding academic experience. The program follows a research-based instructional format that enhances individual learning and academic achievement.

New River Valley Community Services clinicians assist in screening new admissions by scoring the MAYSI-2, identify youth in need of mental health services, provide individual counseling, psychological education groups, substance abuse groups, service planning for long-term clients, anger management and conflict resolution groups, and case management and transition planning. A Child-Psychiatrist also comes to the facility once a month to consult with the mental health staff, oversee medication management, and provide services to those residents with the greatest mental health needs.

If a resident is sexually abused, the facility has a Memorandum of Understanding with the Women's Resource Center of the New River Valley, Inc. (WRC) to provide advocacy services to the victim. The WRC has agreed to go with the victim to the hospital and to provide continuing support services when the resident is returned to the facility or released to the community.

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 4

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

**Standard Prevention Planning**

**§ 115.311 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 NRVJDH's Zero Tolerance is clearly stated in a number of policies, on the facility's Web site, and in its publications. The policy addresses preventing, detecting, and responding to sexual assault and sexual harassment. Employees, residents, volunteers, and contractors interviewed all understood the Zero Tolerance Policy.

The Deputy Superintendent serves as the PREA Coordinator. She stated she has sufficient time to conduct all of her PREA responsibilities and her other administrative duties. There is not a PREA Compliance Manager since this is a single facility.

**Standard**

**§ 115.312 Contracting with other entities for the confinement of residents.**

- 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

NRVJDH does not contract with other public or private facilities for the confinement of its residents.

**Standard**

**§ 115.313 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 has a staffing policy and plan that takes into consideration all the elements in the standard. The facility's shift schedule documents that the NRVJDH complies with the PREA staff in ratio of 1:8 during waking hours and 1:16 during sleeping hours. On most days, during waking hours the facility exceeds the required staffing ratio. The facility's policy requires that any deviation is documented and explained.

There have been no findings of inadequacy by any court, Federal Investigative agency, or any internal or external oversight bodies. The facility complies with regulations of the Virginia Board of Juvenile Justice for Juvenile Detention Facilities, which require a 1:8 staffing ratio during waking hours and a 1:16 ratio during sleeping hours.

There are currently 38 video cameras located inside and outside the facility. All cameras were in working order. The administration continues to assess the entire physical plant, including "blind spots," or areas where staff or residents may be isolated

The PREA Staffing/Facility Logistics Assessment (annual review) was most recently completed on January 6,

2017 by the PREA Coordinator and Superintendent and reviewed by the auditor.

The auditor was provided with a shift schedule which identifies the number and placement of staff. A program schedule also identifies all activities and programs occurring on particular shifts.

There have been no substantiated allegations of sexual abuse at this facility.

The auditor interviewed two supervisors who said they try to do two (2) unannounced rounds per shift (six per day), but at a minimum will do one per shift. Because the facility is small, the supervisors said they are "on the floor" for much of their shifts and are always aware of what is happening in the facility. Unannounced PREA rounds are documented in the log book which is maintained in "The Bridge," (control room).

The auditor finds NRVJDH exceeds the requirements of this standard because the staffing exceeds the 1:8 and 1:16 ratios, and has excellent camera coverage with 38 cameras, and unannounced rounds are completed on each shift and supervisors are very visible throughout the shifts.

**Standard**

**§ 115.315 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)

The facility strictly prohibits cross-gender searches and does not permit pat-down searches even by the same gender. Strip searches are conducted when a new resident is admitted to the facility and in exigent circumstances. These searches are conducted by two staff of the same gender as the resident. The staff do not touch the resident. Since this is a co-ed facility there are always staff of both genders working.

Every resident interviewed by the auditor said staff announce themselves when entering the male or co-ed hall. Residents said they are never naked in full view of a staff member of the opposite gender. The facility policy requires that a male staff member and a female staff member must go on the co-ed hall together and both must announce. Staff reported that refresher training reinforces the importance of making the necessary and appropriate announcement.

Although this facility has not had a transgender youth, the staff have been trained in the proper procedure for searching a transgender youth if admitted. All the staff said they would never examine a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Residents and staff reported that the view panels in the co-ed hall are easily covered so staff or residents of the opposite gender cannot look into an opposite gender resident's room.

**Standard**

**§ 115.316 Residents with disabilities and residents 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)

The NRVJDH policy and procedures provide that the facility will make accommodations for residents with disabilities or residents with limited English speaking ability. One of the residents interviewed by the auditor said that he was diagnosed with ADHD, depression, and a conduct disorder. He said he understood the PREA Orientation PowerPoint when he saw it and did not require any additional help understanding the material. The



facility's PowerPoint presentation is impressive and gives new residents a complete orientation to PREA. The Orientation PowerPoint is in both English and Spanish. The PREA brochures and PREA posters are also in English and Spanish.

NRVJDH has entered into a contract with TNB Language Services to provide interpreter services for the facility.

All of the staff interviewed by the auditor said they would never rely on resident interpreters, readers, or assistants except in exigent circumstances when a delay could cause further harm to the victim.

**Standard**

**§ 115.317 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)

The Human Resources Manager said the facility performs criminal background checks and considers pertinent civil and administrative adjudications at the point of interviewing new candidates for positions at the facility, including contractors. The school district does background checks on all the teachers. These checks are done through the FBI and the Virginia State Police VCIN (Virginia Criminal Information Network). NRVJDH also considers any incidents of sexual harassment in prior employment before hiring a new employee or contractor, regardless of the contractor's level of contact with the residents. The facility also checks with the Virginia child abuse registry before hiring new employees or contractors.

The Human Resources Manager said Five-Year background checks are done at the start of every year.

Job candidates, new contractors, and current employees are required to confirm that they have not engaged in any of the conduct described in 115.317 (a) (1) through (3). Current employees confirm this as part of their annual evaluations and when they are considered for a promotion.

The auditor reviewed five employees' personnel files, two contractors' files, and one teacher's file and confirmed the required documentation was in the files.

NRVJDH imposes on all staff a continuing affirmative duty to disclose any such misconduct described in 115.317 (a) (1) through (3).

**Standard**

**§ 115.318 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)

As stated earlier, the facility added 21 new cameras since the first audit in 2014. The cameras are positioned throughout the facility. There are now 38 cameras covering this facility. Camera monitors are found in the offices of the Superintendent, the Deputy Superintendent, the shift supervisors, and the control room. The quality of the images is very good. The system has an automatic 45 days of storage. During the audit, the auditor reviewed previously recorded activities.

Moseley Architects of Richmond, Virginia has completed a planning study to remodel the entire facility. The auditor was provided a page from the report that confirmed PREA standards were discussed and incorporated into the design.

Because NRVJDH has added 21 new cameras and significantly enhanced the overall supervision of the facility,

the auditor finds that this facility exceeds the standard.

<b>Standard Responsive Planning</b> <b>§ 115.321 Evidence protocol and forensic medical examinations.</b>
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- 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)

NRVJDH policies and procedures clearly identify the protocols to be followed when an abuse is reported. The facility staff have been trained on these procedures and there is a "PREA Incident: A Coordinated Response Quick Reference" flow chart that identifies each step in the process and the responsible department (i.e., security, medical, mental health, law enforcement, advocate, and administration). During staff interviews, employees explained the procedures in great detail.

The facility has written Memorandum of Understanding with the Christiansburg Police Department (CPD). The CPD's memorandum states the CPD's protocol will be developmentally appropriate for youth and, to the extent possible, adapted from the most recent edition of "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents."

If a sexual assault should occur, the CPD will determine which hospital in the area has SAFE/SANE nurses available.

NRVJDH also has a written Memorandum of Understanding with the Women's Resource Center of the New River Valley, Inc., (WRC) which is the victim advocacy agency. During the site review, the auditor called the WRC representative who confirmed the MOU with the facility. The representative told the auditor that in addition to providing support at the hospital, the agency would also provide follow-up services after the resident is returned to the facility or released to the community. The representative also said that if a resident of the NRVJDH reported an allegation of sexual abuse to the WRC, the WRC would immediately notify the local Department of Social Services, Children's Protective Services Hotline. The representative said that to her knowledge the agency has not received any requests for services from any resident of the NRVJDH.

In addition to calling the CPD, the facility is also required, under state regulations, to call the local Department of Social Services, Child Abuse Hot Line and the Department of Juvenile Justice.

One of the shift supervisors at the NRVJDH has received training in "Investigating Sexual Misconduct: Training for Correctional Investigators" which was hosted by the Virginia Department of Juvenile Justice and presented by the National Resource Center for the Elimination of Prison Rape and the Moss Group, Inc. on February 13 -15, 2013. This staff member does the administrative investigations.

**Standard**

**§ 115.322 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)r

As previously stated, the NRVJDH and the CPD have a Memorandum of Understanding regarding the conduct of investigations and responsibilities. The facility's policies regarding Allegation Referral are available on its Web site.

Two investigations were completed by the facility investigator. The allegation of resident-on-resident sexual harassment was determined to be "Substantiated". The allegation of resident-on-resident sexual abuse was determined to be "Unfounded."

**Standard – TRAINING AND EDUCATION**

**§ 115.331 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)

Through interviews with employees at the facility and a review of the personnel/training files, the auditor confirmed that all the staff at this facility, including teachers, mental health providers, health care providers, and interns have received training on the areas covered by the standard. The facility uses the PREA curriculum that was developed by Moss Group and supplemented with NRVJDH policies and procedures. PREA training is conducted on an annual basis with training updates provided during the year. During the random interviews, employees gave specific examples of the subjects covered in the PREA training. All training is documented and all staff acknowledged, in writing, that they have received and understand the material on which they were trained.

**Standard**

**§ 115.332 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)

The volunteers and contractors/interns (from Radford University) have all been trained on the facility's Zero Tolerance Policy, how to report a suspected sexual assault or sexual harassment, how to avoid inappropriate relationships and contacts with residents, and other information based on the services the volunteer/contractor provides. Volunteers and contractors/interns acknowledge, in writing, that they have received and understand the Guidelines for Contractors and the Guidelines for Volunteers. The auditor reviewed 92 signed Guidelines for Volunteers forms and five Guidelines for Contractors forms signed by the interns.

**Standard****§ 115.333 Resident 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)

The NRVJDH has an excellent and very comprehensive resident education program. When a new resident is admitted, he/she is given the brochure titled "If abuse happens to you...Break the Silence." This describes facility's Zero Tolerance Policy, how abuse can happen, who can commit abuse, who can help the resident, how to report the abuse, and some frequently asked questions. The new resident is also told how they report an allegation of sexual abuse or sexual harassment. Within three to five days after admission, the nurse provides a very informative and interactive PowerPoint presentation that asks the resident questions at the end of each segment. If there is something the resident does not understand, the nurse will go back over the material. Interviews with all the residents verified that the residents benefited from this presentation. Even residents who have been in the facility before said they learn about PREA from watching that PowerPoint. The PowerPoint is narrated by the Superintendent as in both English and Spanish. Residents acknowledge, in writing, they have received and understand the training. The auditor reviewed five residents' files and confirmed there was documentation.

**Standard****§ 115.334 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)

As previously mentioned, a shift supervisor at the NRVJDH serves as the facility investigator and has received training in "Investigating Sexual Misconduct: Training for Correctional Investigators." That training was hosted by the Virginia Department of Juvenile Justice and presented by the National PREA Resource Center and the Moss Group, Inc. on February 13 -15, 2013. The investigator said he also has taken an online class through the National Institute of Corrections. The investigator has also completed his regular PREA training that is required of all staff.

**Standard****§ 115.335 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 nurse, the doctor, the two mental health professionals, and the psychiatrist have received the specialized training required by the standard and the PREA training required of all employees. The specialized training is delivered through the video produced by the National Commission on Correctional Health Care. None of these providers conduct forensic exams in this facility. All the mental health professionals and health care providers acknowledged, in writing, they have received and understand the training.

**Standard Screening for Risk of Sexual Victimization and Abusiveness  
§ 115.341 Obtaining information from residents.**

- 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)

NRVJDH Standard Operating Procedure, S.O.P. 3.02, "Admissions/Orientation/Release" states: "The staff member shall complete the PREA Intake Screening form. The information gathered here shall be used to reduce the risk of sexual abuse by or upon the detainee. Staff shall take care in gathering this information, as it may be very personal. Reassure the detainee that this information will be kept confidential and is only used for their safety. This form shall be updated periodically to ensure we have the most up-to-date information. Once completed, a copy of this form shall be forwarded to the PREA Coordinator."

The procedure goes on, "Detainees will be placed in the program (Classified) using information gathered by the PREA Intake Screening Form – Vulnerability Assessment. *See Classification Plan below.*" The facility's PREA Intake Screening Form includes all eleven elements found in 115.341 (c) (1) – (11). If a resident reports that they have been a victim of sexual abuse in the past, have sexual abused someone else, or have other indicators of potential of sexual victimization or sexual abusiveness, the resident will be classified as Vulnerable to Victimization (VV), Sexually Aggressive (SA), or Violent Aggressive (VA). The results of the screening are forward to the PREA Coordinator. When a resident has been classified in one of these three categories, the classification is documented in the log book with the appropriate safeguards prescribed, as per the Classification Plan. For the resident's privacy, VV is represented by the number "1," SA is represented by the number "2," and VA is represented by the number "3. Each classification lists specific actions that will be taken to protect the resident, such as, "Not showered with SA or VA classified detainees," or "Not used for cleaning chores."

When the resident is seen by the nurse for his/her physical, she will ask if the resident has ever been sexually abused in the past or if he/she has ever sexually abused someone else. Every 30 days, the nurse will talk with each resident in the facility and ask if the resident would like to change any of the information on the PREA screening form. The nurse then notes the resident's reply. If the resident reports a change, the nurse will request a mental health follow-up. Staff are also informed of any changes on a needs to know basis. The PREA Coordinator is also informed of the changes. Every resident the auditor interviewed who had been in the facility for 30 days or more confirmed that the nurse asks them, on a monthly basis, if there are any changes.

Because the NRVJDH has a well written procedure and classification system and because the nurse interviews each youth in the facility every 30 days to reduce the risk of sexual abuse by or upon a resident, the auditor finds that the facility exceeds the standard.

**Standard  
§ 115.342 Placement of residents in housing, bed, program, education, and work assignments.**

- 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 PREA Intake Screening Form is used to help determine sleeping room assignment, programming, work assignments, and education placement with the goal to keep all residents safe and free from sexual abuse and sexual harassment. There is no isolation area in this facility, but a resident may be confined to his/her room

for disciplinary reasons.

NRVJDH Standard Operating Procedure, S.O.P. 3.02, "Admissions/Orientation/Release" states: "Detainees may be isolated (non-disciplinary) from others only as a last resort when less restrictive measures are inadequate to keep them and other detainees safe, and then only until an alternative means of keeping all detainees safe can be arranged. During any period of isolation, detainees shall have access to daily large-muscle exercise and any legally required educational programming or special education services. Detainees in isolation (non-disciplinary) shall receive daily visits from a medical or mental health care clinician.

If a detainee is isolated, staff must clearly document:

1. The basis for the staff's concern for the detainee's safety; and
2. The reason why no alternative means of separation can be arranged.
3. That the decision is reviewed every 30 days to determine whether there is a continuing need for separation from the general population.

Lesbian, gay, bisexual, transgender, or intersex detainees shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall they be considered a greater likelihood of being sexually abusive.

In deciding housing and programming assignments for transgender or intersex or any other vulnerable person/group, staff shall consider on a case-by-case basis whether such a decision would ensure the detainee's health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review any threats to safety experienced by the detainee.

A transgender or intersex detainee's own views with respect to his or her own safety shall be given serious consideration as reflected on the PREA Intake Screening form."

The shift supervisor told the auditor a transgender resident would be given the opportunity to shower separately from other residents.

The auditor interviewed one resident who identified as lesbian who was a new admission to the facility and was going through the orientation process.

## **Standard Reporting**

### **§ 115.351 Resident 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 NRVJDH provides multiple ways for residents to report sexual abuse or sexual harassment, including direct calls to the Virginia Child Abuse Hotline, reporting to a trusted staff member, reporting to a parent, probation officer, or attorney or filing a grievance. Using the Encartelle telephones in the facility, a resident may also report abuse or harassment to the New River Valley Community Services (NRVCS) Outpatient Supervisor. The number (961-8350) is posted and programmed into the system to allow unrestricted outgoing calls to this number. NRVCS is not part of the agency and is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to NRVJDH administrators, allowing the resident to remain anonymous upon request.

During the audit the auditor tested the phone that allowed for direct reporting to the NRVCS Outpatient

Supervisor. The auditor heard a voice recording saying the supervisor was on vacation and to call 961-8300 which was the general number for NRVCS. However, that number was not in the Encartelle system so a resident would not be able to make that call without staff assistance. The auditor felt this kept the facility from compliance with this standard. This issue was discussed with the Superintendent at the Exit Meeting. The week after the audit, the auditor talked with the NRVCS Outpatient Supervisor and explained what happened when the auditor called the direct number. The Supervisor said he would work with the Superintendent to correct the problem. The NRVCS Supervisor and Superintendent created a new procedure that resolved the problem. Under the new procedure, a resident can call the main number for NRVCS, which is operational 24 hours a day, 365 days a year. The call is immediately referred to the NRVCS Supervisor who supervises the two mental health clinicians at the NRVJDH. The Supervisor then calls the NRVJDH administrator on-call. The facility is in compliance with the standard.

The employees understand they are mandatory reporters and they can report a case of sexual assault or harassment privately. The employees the auditor interviewed gave several examples of how they could privately report an allegation of sexual abuse or sexual harassment including calling the National Child Abuse Hotline or calling the Christiansburg Police Department from a private phone outside of the facility.

**Standard**

**§ 115.352 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)

NRVJDH has fully and completely adopted the language of PREA Standard 115.352. in its Standard Operating Procedures, "Programs and Services," Chapter 3, "S.O.P. 3.05 DETAINEE GRIEVANCE PROCEDURES," Policy 4. PREA Grievance Process – Exhaustion of Administrative Remedies The residents the auditor interviewed were all aware that they could use the grievance procedure to report an allegation of sexual abuse or sexual harassment. The residents told the auditor how they could file a grievance and that if they did not want to use their names, they just did not sign the grievance. They know the grievance would be investigated.

The Investigator stated that the most recent investigation was initiated as a third-party PREA grievance from a resident.

**Standard**

**§ 115.353 Resident access to outside support services and legal representation.**

- 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 previously mentioned, the Women’s Resource Center of the New River Valley, Inc. is the designated agency to provide PREA compliant emotional support services for residents who have been victims of sexual abuse. A Memorandum of Understanding (MOU), signed February 13, 2013, confirms this agreement. The MOU states, "The WRC agrees to provide the resident (male or female) with confidential emotional support services as it relates to the sexual abuse. One specific service is the use of a victim advocate. If requested by the resident, the victim advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews. This advocate will also provide emotional support, crisis intervention, information and referrals."

Twelve of the 18 residents could not remember the name of the WRC and did not recall having information

about outside support services. When the auditor showed the residents the "Break the Silence" brochure and pointed to the box that said, in bold print, "Victim Advocate" and listed the name, address, and two phone numbers for the WRC, the residents said they remember getting the brochure at intake, but did not pay much attention to it. The auditor also pointed out to the residents that there are several posters throughout the facility the inform residents how they can report sexual abuse and sexual harassment and the number to call for emotional support. Six of the residents said they were told about the WRC at intake and confirmed that they have read about the WRC in the brochure.

NRJDH does inform the residents that calls to the WRC will be monitored.

Residents who still had attorneys representing them confirmed they have access to their attorneys. All of the residents said their parents can visit them twice a week and they can also call their parents at least twice a week.

### **Standard**

#### **§ 115.354 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 NRVDJH's Web site, under the PREA tab, states, "A grievance (complaint) may be filed by a third party such as staff members, family members, attorneys, and fellow residents or any other interested party. These third party reports of sexual abuse maybe reported in person, in writing, on-line (Report Abuse button above) or by telephone. The resident does not need to agree to have the complaint filed. These individuals may also assist residents in filing requests for administrative remedies relating to sexual abuse."

The facility's policy and procedure for Third Party Reporting is prominently displayed on the Web site and provides for third-party reporting by staff members, family members, attorneys, fellow residents, and other interested parties.

The investigator told the auditor the facility has not received any third party allegations of sexual abuse or sexual harassment.

### **Standard Official Response Following a Resident Report**

#### **§ 115.361 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)

"In the NRVDJH Standard Operating Procedures, section on Emergencies, Chapter IV, S.O.P. 4.03 Suspected Child Abuse or Neglect, states, under the Policy section A, "All employees, including on-site mental health staff, of the New River Valley Juvenile are required by Code of Virginia §63.2-1509, DJJ 6VAC35-101-80-90 and/or PREA 115.361(a) to immediately report any suspected or alleged incident of child abuse, neglect, sexual abuse or sexual harassment; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have led to an incident or retaliation. As such, a report shall be made in accordance with procedures listed herein. Reports must be made as soon as possible but not longer than 24 hours after having reason to suspect a reportable offense."

The policy continues, "B. The nurse and on-site mental health staff shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality."



Paragraph E. states: "Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions."

The Procedures state in Section A. "A. When a staff member:

1. Receives a complaint/information/suspicion alleging mental, emotional or physical abuse or neglect of a resident; or
2. Receives a complaint/information/suspicion alleging retaliation against residents or staff who report any such incident listed in A.1 above; or
3. Receives a complaint/information/suspicion alleging any staff neglect or violation of responsibilities that may have led to an incident or retaliation; or
4. Observes any situation or condition that suggests the child has been mentally, emotionally, physically abused, neglected, sexually abused or sexually harassed; then

The staff member shall:

- a. If the sexual abuse is alleged to have occurred while in detention, call the Christiansburg Police Department immediately.
- b. Begin collecting information via the Suspected Child Abuse and Neglect Form. Staff will be obtaining information such as:
  - i. The name(s) of the victim(s) (child alleged to be abused)
  - ii. Names(s) of person(s) perpetrating the abuse/neglect (accused)
  - iii. Name(s) of witness(es)
  - iv. Date, time, and location of the incident
  - v. Brief description of the incident
- c. Immediately report the alleged incident/allegation to the Superintendent, or if after normal business hours, report the incident/allegation to the Shift Supervisor.
- d. Report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the PREA Coordinator.
- e. Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions.
- f. Document in the resident's record that a report was made.

Under Section C.9. of the Procedures states, The Superintendent, or if normal business hours, the Shift Supervisor shall...Promptly notify the child's parent/legal guardian and Probation Counselor. If the resident is a ward of DSS, promptly notify the resident's DSS caseworker and Probation Counselor. For allegations of sexual abuse or sexual harassment, you must also contact the child's attorney."

All allegations of sexual abuse or sexual harassment, including third party and anonymous reports, are reported to the facility PREA investigator.

All of the staff interviewed knew these procedures and explained them in great detail to the auditor.

**Standard****§ 115.362 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)

S.O.P. 4.03 Suspected Child Abuse or Neglect, POLICY Section H. states. "If/when the detention home staff learns that a resident is subject to substantial risk if imminent sexual abuse, immediate action shall be taken to protect the resident."

All of the staff interviewed understand the importance of removing residents when they are in imminent danger and described in detail how they would protect a resident from harm.

**Standard****§ 115.363 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)

S.O.P. 4.03 Suspected Child Abuse or Neglect, POLICY Section I. states,  
"Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.  
a. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.  
b. The agency shall document that it has provided such notification.  
c. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards."

The Superintendent and the PREA Coordinator said they have not received any sexual abuse or sexual harassment allegations regarding any other facility.

**Standard****§ 115.364 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)

S.O.P. 4.03 Suspected Child Abuse or Neglect, PROCEDURES, Section B. states,

**"STAFF FIRST RESPONDER**

Upon learning of an allegation that a detainee was sexually abused, the first staff member to respond to the report shall be required to:

- d. Separate the alleged victim and abuser;

- e. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and/or call police; this may be accomplished by securing the area by locking a door(s) and moving people out of the area.
- f. If the abuse occurred within the past 96 hours, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and
- g. If the abuse occurred within the past 96 hours, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- h. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.
- i. If the abuse is in progress and the abuser is a staff member:
  - i. The abuser will immediately lose rank; and
  - b. The first responder shall confiscate the abuser's keys.
- j. Once the area, alleged abuser and victim are secured, contact the PREA investigator ASAP. If not available, call local law enforcement to begin the criminal investigation."

All the interviews with security and non-security staff members confirmed that employees are well trained on what to do as first responders. Every staff member gave specific details on the actions he/she would take to protect the victim and secure the abuser.

**Standard**  
**§ 115.365 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)

S.O.P. 4.03 Suspected Child Abuse or Neglect Procedures, states,

**COORDINATED RESPONSE:**

"Through training, policy adherence and already established mandatory reporting regulations – it is the detention home's goal to make sure actions are coordinated in response to an incident of sexual abuse. It is critical that first responders, the nurse, the mental health staff, investigators and facility leadership all know their responsibilities in response to a sexual abuse allegation. In an effort to make the response more visual, there is a "PREA Incident: A Coordinated Response" flow chart that coordinates the responsibilities of those positions staff listed above. This flow chart is located in the control room and in the work spaces of all staff. Copies are also available upon request."

In addition to the policy and procedures, the facility also posts the PREA Incident: A Coordinated Response Quick Reference flow chart at various staff locations (i.e., Control Room, supervisors' office). The auditor reviewed the flow chart and was impressed with the level of detail. All the staff interviewed by the auditor confirmed that they were aware of the flow chart and had received training on the coordinated response plan.

**Standard**

**§ 115.366 Preservation of ability to protect residents 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)
- Not Applicable

There is no collective bargaining unit in the NRVJDH.

**Standard**

**§ 115.367 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)

S.O.P. 3.05 DETAINEE GRIEVANCE PROCEDURES states,

“Agency protection against retaliation

- a) The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.
- b) The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- d) In the case of residents, such monitoring shall also include periodic status checks.
- e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.
- f) An agency’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded.”

Additional procedures state,

“Agency protection against retaliation

- a. The Deputy Superintendent shall monitor retaliation against residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. This shall be recorded on the Protection Against Retaliation form.
- b. The Deputy Superintendent can make modifications such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with

victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

- c. For at least 90 days following a report of sexual abuse, the Deputy Superintendent shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the Deputy Superintendent should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall also include periodic status checks. This shall be recorded on the Protection Against Retaliation form.
- d. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.
- e. An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded."

The Deputy Superintendent/PREA Coordinator provided documentation that she monitored the resident who alleged sexual harassment until he was released from detention. She stated there have been no allegations of retaliation at the NRVJDH.

**Standard**

**§ 115.368 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)
- Not Applicable

The NRVJDH does not have segregated housing. If a victim of sexual abuse needed to be confined to his/her room for his/her protection, it will only be permitted subject to the requirements of Standard 115.342 and the NRVJDH Standard Operating Procedure, S.O.P. 3.02, "Admissions/Orientation/Release."

**Standard Investigations**

**§ 115.371 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)

As previously stated in this report, the NRVJDH PREA Investigator conducted two PREA investigations during this audit cycle. One was an allegation of resident-on-resident sexual harassment that was "substantiated" and the second was an allegation of resident-on-resident sexual abuse which was "unfounded." In both cases, the investigations were done promptly, thoroughly, and objectively. In both investigations, the alleged victims, suspected perpetrators, and witnesses were interviewed and video tapes were reviewed. The investigator also reviewed the prior histories of the suspected perpetrators.

If the allegation appears to be criminal in nature, the Christiansburg Police Department (CPD) will take charge of the investigation in accordance with the MOU. The CPD will follow its uniform evidence protocols in the investigation. The NRVJDH will cooperate and assist the CPD in the investigation as requested.

The credibility of an alleged victim, suspect or witness is assessed on an individual basis and not determined by the person's status as a resident or employee of the NRVJDH.

Administrative investigations attempt to determine whether staff actions or failures to act contributed to the abuse.

All investigations are documented in written reports that describe the allegation, the physical evidence, testimonial evidence and investigative facts and findings.

The CPD will refer the case to the Commonwealth's Attorney if warranted.

The departure of the alleged abuser or victim from the employment or control of the NRVJDH will not be cause to terminate the investigation.

**Standard**

**§ 115.372 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)

In the Chapter 3, "Programs and Services," of the NRVJDH Standard Operating Procedures it is stated that the NRVJDH shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Standard**

**§ 115.373 Reporting to residents.**

- 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 the Chapter 3, "Programs and Services," of the NRVJDH Standard Operating Procedures, S.O.P. 3.05, DETAINTEE GRIEVANCE PROCEDURES, it is stated that the NRVJDH that,

"Following an allegation that a staff member has committed sexual abuse against the resident (unless unfounded), the detention home will inform the resident whenever:

- a. The staff member is no longer employed at the facility;
- b. The detention home learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- c. The agency learns the staff member has been convicted on a charge related to sexual abuse within the facility.
- d. These notifications or attempted notifications shall be documented in the logbook.
- e. These notifications are not necessary if the alleged victim has been released from detention.

Following a resident's allegation that he or she has been sexual abused by another resident, the detention home shall inform the alleged victim whenever:

- a. The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- b. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

- c. These notifications or attempted notifications shall be documented in the logbook.
- d. These notifications are not necessary if the alleged victim has been released from detention”

Interviews with the facility Superintendent and Deputy Superintendent confirm the procedure. The auditor saw the written documentation.

**Standard    Discipline**  
**§ 115.376 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)

In the Chapter IV, “Emergencies” of the NRJVDH Standard Operating Procedures, S.O.P. 4.03, it is stated,

“If an employee is alleged to be the perpetrator of the abuse/neglect, he/she may be immediately suspended with or without pay at the Superintendent’s discretion until the completion of the Child Protective Services investigation, or until authorized to return to work by the facility administrator with approval from the Department of Juvenile Justice.

1. If the Child Protective Services investigation indicates the complaint may be founded and the Social Services/Police investigations have not been completed, the employee may be suspended without pay pending completion of those investigations.
2. Upon completion of the Child Protective Services investigation, the investigator shall make a written report to the Facility Administrator.
3. Upon receipt of the Child Protective Services or local police investigation report, the Facility Administrator will make a decision based on the following:
  - a. If abuse/neglect was not substantiated, the employee may return to work.
  - b. If abuse/neglect was substantiated and the employee was found to have violated facility policies and procedures, the employee shall be terminated in accordance with Personnel Operating Procedure 1.13, Disciplinary Action. (See P.O.P. 1.15, if the employee is charged with a crime.)
  - c. If abuse/neglect was not substantiated, but the employee did act inappropriately, he/she may be disciplined in accordance with Personnel Operating Procedure 1.13, Disciplinary Action. (Final action may be delayed until all investigations/proceedings are completed.)
4. When an employee has been suspended without pay pending completion of these investigations/proceedings and it is determined by both internal and external investigations/proceedings that the accusation was unfounded and that the employee fully adhered to facility policy and procedures, the employee may be reinstated with full or partial back pay as the facility administration, in compliance with Personnel Operating Procedure 1.15, determines to be appropriate.”

The NRJVDH policy also states, “All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”

The Superintendent said not employee of the facility has been accused of sexual abuse or sexual harassment and therefore has not been disciplined.

**Standard**

**§ 115.377 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)

Personnel Operating Procedures 1.13, DISCIPLINARY ACTION, in the Personnel Manual, states,

“Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with residents (permanently and immediately) and shall be reported to law enforcement agencies (sexual abuse only) and to relevant licensing bodies.”

The Superintendent said no contractors or volunteers have been accused of engaging in sexual abuse or sexual harassment with any resident of the NRVDH.

**Standard**

**§ 115.378 Interventions and disciplinary sanctions for residents.**

- 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)

NRVDH S.O.P. 3.04 DISCIPLINARY PROCESS, ROOM CONFINEMENT AND ISOLATION, ADMINISTRATIVE CONFINEMENT states,

**DISCIPLINARY PROCESS**

**Detainee-On-Staff, Detainee-On-Detainee Sexual Abuse, Or Any Other Resident-On-Resident Sexual Contact**

1. Any disciplinary sanctions shall be commensurate with:
  - a. the nature and circumstances of the abuse committed;
  - b. the resident’s disciplinary history; and
  - c. the sanctions imposed for comparable offenses by other residents with similar histories.
2. In the event a disciplinary sanction results in the room restriction, the detainee shall receive daily visits from a medical or mental health care clinician.
3. The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
4. The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
5. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions.



6. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

7. Detainee-on-detainee sexually activity is prohibited, but is not considered sexual abuse if that the activity is not coerced (consensual).”

In the one case of sexual harassment that was “Substantiated” a resident was given a period of room confinement as the disciplinary disposition.

**Standard Medical and Mental Care**

**§ 115.381 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 initial screening for victimization and abusiveness is done during intake or within 72 hours of admission by the shift supervisor. If the new resident discloses any sexual victimization in the past, regardless of where it happened, the staff person who is doing the screening will offer a follow-up meeting with a medical or mental health clinician at the facility. The follow-up meeting will normally occur within seven days after the screening.

If the screening of a new resident indicates that the new resident has previously perpetrated sexual abuse, that new resident will also be offered a follow-up meeting with a mental health clinician.

During the health care screening, the nurse will also ask about prior sexual victimization or abusiveness and may refer new residents to the mental health clinicians.

The nurse and the mental health clinicians are mandatory reporters under Virginia law and do not obtain informed consent.

As previously stated, the information on the PREA Intake Screening Form Vulnerability Assessment Instrument is considered a confidential form and access to the information is limited to the medical and mental health clinicians and other staff, as necessary to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments.

The auditor interviewed two residents who disclosed prior sexual victimization during intake screening. Both residents said the incidents had happened several years ago and they did not want to talk about it.

**Standard**

**§ 115.382 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)

NRVJDH S.O.P. 5.30 MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS states,

“Emergency Medical and Mental Health Services

1. Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and

mental health practitioners according to their professional judgment.

2. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to SOP 4.03 and shall immediately notify the appropriate medical and mental health staff.

3. Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

4. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The MOU with the CPD also states that the CPD "will offer access to forensic medical examinations whether on-site or at an outside facility, without financial cost to the victim, where evidentiarily or medically appropriate.

If nurse or the mental health clinicians are not available, staff have been trained to take the preliminary steps to protect the victim pursuant the NRVJDH's Coordinated Response Plan.

New River Valley Medical Center and Roanoke Memorial Hospital provide SAFE/SANE forensic examinations. Resident victims of sexual abuse will be offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. This will be done at the hospital.

The interview with the nurse confirmed that residents have timely and unimpeded access to emergency medical treatment and crisis intervention services.

#### **Standard**

#### **§ 115.383 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)

NRVJDH S.O.P. 5.30 also states,

"Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

1. Medical and/or Mental Health evaluation and treatment, consistent with the community level of care, shall be offered to all residents who have been victimized by sexual abuse while incarcerated. Such evaluation and treatment shall include (as appropriate):

- a. Follow-up services
- b. Treatment plans
- c. Referrals for continued care following their release

2. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If such testing indicates pregnancy, the victim shall receive timely and comprehensive information about and timely access to pregnancy related medical services.

3. Victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

4. The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

5. Any treatment provided will be free of any charge to the victim.

The interviews with the nurse and mental health clinicians confirmed that residents have access to continuing medical treatment and crisis mental health services following a sexual assault. The mental health clinician said

the big challenge would be in arranging services for residents who live outside the service area covered by the NRVCS.

**Standard Data Collection and Review**  
**§ 115.386 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)

NRVJDH S.O.P. 4.03 SUSPECTED CHILD ABUSE OR NEGLECT states,

“SEXUAL ABUSE INCIDENT REVIEW:

Within 30 days of the conclusion of every sexual abuse investigation, the NRVJDH will conduct a sexual abuse incident review. This only applies if the allegation was substantiated or unsubstantiated. Allegations determined to be unfounded do not require a review. The review shall be conducted by a team of upper-level management officials, with input from shift supervisors, investigators and medical or mental health staff. This team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to 1-5 of this section, and any recommendations for improvement and submit such report to the facility head and PREA coordinator.
7. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.”

The Superintendent and PREA Investigator said the facility’s Sexual Abuse Incident Review Team is composed of upper-level management officials, including the Superintendent, the PREA Coordinator, the nurse, mental health clinician, and the PREA investigator. This team would review the investigation report and consider the elements in the standard when determining the final outcome of the investigation. The facility’s policies and procedures are consistent with the requirements of the standard. Information is entered into the Incident Based Data Collection.

**Standard****§ 115.387 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)

NRVJDH S.O.P. 4.03 SUSPECTED CHILD ABUSE OR NEGLECT states,

**"Data Collection**

The NRVJDH shall combine the incident-based sexual abuse data at least annually by calendar year. The NRVJDH shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Upon request, the NRVJDH shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

**Data Review for Corrective Action**

"The NRVJDH shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
  - i. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the detention home's progress in addressing sexual abuse.
  - ii. The report shall be approved by the Superintendent and made readily available to the public through its website.
  - iii. The detention home may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted".

The Incident Based Data Collection form is completed for each allegation of sexual abuse. There has been only one allegation of sexual abuse and that was in 2017. It was determined to be "Unfounded."

**Standard****§ 115.388 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 NRVJDH has published a one-page Annual Report on its work regarding PREA. While the facility has not had any reported incidents of sexual abuse prior to 2017, the report has focused its attention on what the facility has been doing to incorporate PREA into the culture of the facility. The well written report is available on the facility's Web site.

**Standard**

**§ 115.389 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)

NRVJDH S.O.P. 4.03 SUSPECTED CHILD ABUSE OR NEGLECT states,

**Data Storage, Publication and Destruction**

The data collected will be kept in the Superintendent’s office. The NRVJDH shall make all aggregated sexual abuse data readily available to the public at least annually, by calendar year, through its website. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The NRVJDH shall maintain sexual abuse data collected for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.”

Only the Superintendent and the Deputy Superintendent/PREA Coordinator have access to the data that is collected in the Incident Based Data Collection Form.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review. The auditor finds that as of August 31, 2017, the New River Valley Juvenile Detention Home in Christiansburg, Virginia meets the requirements of the Prison Rape Elimination Act, Standards for Juvenile Facilities.



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Auditor Signature

February 12, 2019  
Date