



Sexual Abuse Incident Review (SAIR) *Procedure, Meeting Template, CAP Document*

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Table of contents

Acknowledgments..... 2

Sexual Abuse Incident Review Procedure..... 3

Sexual Abuse Incident Review form [Attachment A](#)

SAIR Corrective Action Plan (CAP) [Attachment B](#)

Acknowledgments

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Sexual Abuse Incident Review (SAIR) Procedure

This procedure is based on the requirements in PREA Standard § 115.86, sexual abuse incident reviews. Unlike the sexual abuse investigation, which is intended to determine whether the abuse occurred, the sexual abuse incident review is intended to evaluate whether the facility's policies and procedures need to be changed in light of the alleged incident (please familiarize yourself with the definitions of substantiated and unsubstantiated allegations; these can be found in section § 115.5 of the PREA Standards).

First, let's go through what the Standard requires:

- (a) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.
- (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
- (c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.
- (d) The review 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 paragraphs (d)(1) - (d)(5) of this section, and any recommendations for improvement, and submit such report to the facility head and PREA compliance manager.
- (e) The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

Next, let's walk through how to operationalize the Standard.

The facility must conduct a sexual abuse incident review (SAIR) at the conclusion of every sexual abuse investigation that is either substantiated or unsubstantiated.

To that end, here are the steps to follow, and considerations and examples to assist designated facility staff, to ensure that this procedure happens in a timely fashion:

- 1) Endeavor to remain informed about the progress of every sexual abuse investigation by regularly (at least once monthly is a good rule of thumb) contacting the investigative body that is handling the investigation and asking about progress and completion. Track these contacts and the investigation's progress.
- 2) Once the investigation is complete, the facility must set up a "Sexual Abuse Incident Review" (SAIR) meeting within 30 days of the close date of the investigation. The PREA Compliance Manager (PCM) or designee should schedule SAIR meetings with all necessary parties promptly, so they occur on time. This should be adequate time to schedule a meeting when all those required by provision (c) to participate in the SAIR can get together to review the incident and provide input, whether meeting in the same room or via video conferencing for those who can't meet in person.

Some agencies schedule these reviews following a department head meeting, which is usually a mandatory meeting that involves the same individuals required by provision (c) to be part of the SAIR.

If reviews are not ordinarily occurring within 30 days, consider the influencing factors as to why or why not, and work with leadership at the facility to ensure dates and timeframes are adhered to. The goal is to ensure that you are scheduling these when all members of the review team can be present, and not rushing to get them done or doing them alone; and not to exceed 30 days from the case closure.

- 3) A SAIR meeting is used to determine, based on the investigation, all other facts known about the incident; and to consider all the factors required to be examined under the Standard, including the following:
 - The root cause(s) of the incident.
 - The dynamics between the parties in the incident.
 - What could have prevented the incident?
 - What steps need to be taken to prevent a future similar incident.
 - If the incident cannot be substantiated, the types of supervision, monitoring, or additional evidence that might have allowed the facility to substantiate the allegation or prove it did not happen.
- 4) The SAIR meeting(s) should produce the following outcomes:
 - Ensure documentation of the meeting and findings.
 - Report out and actions taken on the meeting's findings.
 - Track the results of the SAIR meetings and, ideally, an evaluation measuring their effectiveness in creating positive change, including whether they result in a decrease in sexual abuse incidents.

5) The SAIR team must include:

- **Upper level-management officials** (this might be the superintendent, a deputy warden, a major, or an assistant facility director).
- **Input from relevant line supervisors** (such as sergeants, lieutenants, or unit staff supervisors).
- At least one **investigator** (though this does not have to be the investigator who conducted the investigation; however, it is preferred).
- At least one **medical or mental health practitioner**.

The team may also include any other helpful or relevant staff, such as a unit correctional officer, case manager, or other staff who have insights to offer. A “chair” of the meeting is recommended. The PCM can be the assigned chair and a designee can be used when the PCM is unavailable (e.g., sick or on vacation). The main goal is to have a consistent process and to ensure that you have the right people at the table to answer the questions that need to get answered.

6) At the meeting, the investigation (or a detailed summary of it) should be provided for review by the SAIR participants. Ideally, it should be provided in time for everyone to review it prior to the meeting and to come prepared to discuss it.

Because of the intent of the review, it is not sufficient for people to review the investigation report individually and answer the questions alone without a team discussion. Investigation reports may summarize the investigator’s findings and may not contain every relevant piece of information regarding the investigator’s process. And it would be rare for an investigation report to include complete answers/findings in response to each of the questions that must be answered under provision (d) of the Standard.

7) We recommend that the facility designate a person to take detailed meeting minutes for the SAIR chair, including the agenda, participants, date, name and number of the investigation, type of investigation and finding, and all meeting content. These minutes should be filed and kept in an organized format using the SAIR form and any additional documentation.

8) The SAIR participants must, at a minimum:

- a) **Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse** (e.g., *Do we need to change the frequency of rounds, or is refresher training for staff needed?*).
- b) **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**

- (e.g., *Is there any evidence that race might have been a factor in the incident? Was the victim known or perceived to be lesbian, gay, bisexual, transgender, or intersex, and if so, how did the victim's identity impact their vulnerability to abuse in the facility? Was anyone involved in the incident affiliated with a gang and did that affiliation play into the incident? Was the incident motivated or otherwise caused by other group dynamics at the facility?*). The goal is to assess the group dynamics and different forms of bias and prejudice in the facility that may have motivated or otherwise caused the incident, for the purposes of addressing that dynamic and preventing related sexual abuse that could stem from that dynamic in the future.
- c) **Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse** (e.g., *Is there a blind spot there? Did the physical layout create a barrier that allowed the abuse to take place and could changing that space, e.g., removing a partial wall to ensure a clear line of sight, reduce the risk of abuse in the future?*).
 - d) **Assess the adequacy of staffing levels in that area during different shifts** (e.g., *Was the abuse able to occur because of an inadequate level of staffing?*).
 - e) **Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff** (e.g., *Is a convex mirror or an extra camera needed in a stairwell hallway?*).
- 9) The documentation of what the review team considers needs to be more than simply marking a box to indicate, "Yes, we considered that!" Instead, the report of the review team should describe what was considered, how it was considered, who was involved, and the outcome.
- 10) These discussions during the SAIR meeting should be substantive and thoughtful and should carefully review the facts of the investigation/incident; notes should be made for each question above on the SAIR form. All staff are encouraged to participate.
- 11) The staff assigned to take the SAIR meeting minutes, or a designee, should then prepare a report of the findings using the SAIR form. This report should cover any recommendations for improvement, including the deadlines for such improvements to be made, and should be submitted to the facility head and the PCM. A corrective action plan (CAP) is a helpful tool in tracking the completion of accepted recommendations. Any deadlines set for recommended changes/improvements should be reviewed by the PCM or other designated staff. If deadlines are not adhered to, a meeting should be called to ensure the fidelity and integrity of the SAIR system.
- 12) The facility must implement the recommendations for improvement and record what changes were made and when they were made on the SAIR form or other

designated document, or the facility must clearly document its reasons for not implementing the suggestions.

- 13) Keep in mind, this Standard does not require sexual abuse incident reviews on sexual harassment incidents, nor does it require a review for unfounded incidents. However, while these are not required, facilities may find substantial benefit from conducting such reviews from both a prevention aspect (i.e., addressing sexual harassment before it becomes sexual abuse) and/or finding needed corrective actions that otherwise would not have been found. The SAIR form can be amended to add a section to capture unfounded and sexual harassment incident types.