MINNESOTA
OFFICE OF THE OMBUDS
FOR CORRECTIONS

OBFC Investigation Sexual Assault Report
December 2022

Report Summary

This is a composite of several complaints to the Office of the Ombuds for Corrections (OBFC) related to alleged sexual assault or sexual harassment by staff at Minnesota Correctional Facilities (MCF).

The OBFC found that the overall process and investigation into the alleged incidents were thorough and reasonable. However, there are some additional findings and opportunities for better processes.

Recommendations to the DOC include the following:

- Provide additional support and communication to staff and incarcerated people.
- Train staff on better communication with incarcerated people regarding processes.
- Prioritize officer worn cameras to ensure safety for population and staff.
- Provide additional reminders for staff about retaliation.
- Develop a framework for body scanner use.
- Review process to screen additional information from investigative interviews.
- Provide clearer and more consistent victim advocate education template for staff to utilize.
- Develop and utilize a clearer framework for trauma-informed care and right to decline health services.

Additionally, the OBFC recommends that the Legislature prioritize additional resources to the DOC for responding to Prison Rape Elimination Act (PREA) reports.

The DOC accepted the recommendations in whole.

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Summary Description of Incidents

This is a composite of a number of complaints to the OBFC related to alleged sexual assault or sexual harassment by staff at Minnesota Correctional Facilities (MCF). Incidents include allegations of inappropriate touching, leering, or comments made towards incarcerated residents. Incidents were described in the private versions of this report made available to DOC and facility leadership, but details are not included in this public version as to preserve the privacy and confidentiality of complainants.

OBFC Investigative Actions

Assistant Ombuds, Investigators interviewed complainants, reviewed applicable Notice of Violations (NOV) reports, DOC Office of Professional Accountability (OPA) and DOC Office of Special Investigations (OSI) investigation reports, PREA reports and processes, and video footage (if available).

The Ombudsperson had additional conversations with facility and DOC leadership, agency and facility PREA Coordinators, MN DOC Victim Services & Restorative Justice Division (VSRJ) staff, and community advocates to better inform the systemic processes.

Findings

The overall process and investigation into the alleged incidents were thorough and reasonable.

Neither OPA nor OSI were able to substantiate the alleged incidents related to this report. Additionally, any criminal investigations referred to local law enforcement and county prosecutors resulted in declining to bring charges. In reviewing these incidents and the processes surrounding them, there was special attention taken with the processes themselves as it is critically important that the DOC has an effective and fair process for investigating alleged incidents.

Additionally, as an independent and impartial entity tasked with Ombuds work, it is essential that the OBFC has full access to all private and confidential investigation details that are not available to the complainant or the public. In review of these investigations, the OBFC did not find any concerning or unreasonable items in the process or the findings of the investigation of the alleged incidents. Moreover, there is nothing to indicate that the OBFC could substantiate what OPA, OSI, or local law enforcement investigations had not been able to substantiate.

However, it is important to note that the trauma that complainants experience is real and should not be minimized because incidents could not be substantiated.

Likewise, unsubstantiated allegations about staff also take a toll on staff. The power differential between staff and incarcerated persons is vast and is important to keep in mind but does not negate the challenges.

There were no findings of policy violations; however, policy and processes related to escorts and searches likely need review.

Additionally, staff training related to escorts and searches likely needs review to ensure inclusion of communication about processes during escorts and searches.

DOC Policy 301.010: Searches A.1. b) states that, "Searches must avoid unnecessary force, embarrassment, or indignity to the subject."

Even as processes are regularly being reviewed and updated, population are often not aware of updated processes either due to security concerns or the transient nature of processes due to emergent needs or best practices; staff training could assist in resolving this so staff could better communicate allowable information about each step as they are escorting someone and as they perform searches.

The broader context regarding better processes was considered; however, all-staff communication regarding better practices was possibly delayed, and process changes were not communicated with incarcerated people.

Because the office is concerned with promoting the highest standards of justice, the OBFC does not just review investigations into incidents themselves but also facilities responses within the broader context of any recent incidences at the facility and better evidence-based practices. We found facilities related to these incidences took the allegations seriously and holistically and responded reasonably, but there are some opportunities for greater communication with staff and incarcerated people.

Allegations of retaliation for reporting were not able to be substantiated.

Retaliation by staff or inconsistent treatment towards incarcerated people making the allegations were not able to be substantiated. However, several of the individuals that filed complaints with the OBFC shared concerns about retaliation for making PREA reports which once reported, were later described by the complainants to then be addressed.

It was verified that, per policy, officers were moved to non-incarcerated person contact immediately once the PREA reports was received to leadership and were in that status until after the initial investigations were completed.

The PREA Coordinator verified that every investigation provides Retaliation Monitoring for the victim, the reporter, and the witnesses at a minimum of 30 days, 60 days, and 90 days after the allegation to help communicate, address, and resolve potential retaliation by anyone involved in the case and to provide additional face to face reassurances to each of the individuals involved in an investigation. Every instance of Retaliation Monitoring is documented in the PREA database.

Body Cameras would have been an important tool to assist in evaluating alleged incidents; use of body scanner would not have prevented the alleged incidents.

In the reviewed allegations, officer worn body cameras likely would have been a valuable tool. Many corrections professionals have suggested that officer worn body cameras would provide critical tools and protection for both officers and incarcerated people. There is already an officer worn body camera policy

because the Fugitive Team uses them. Policy 107.019 Office of Special Investigations – Fugitive Apprehension Unit – Body Worn, which could be updated and expanded to security officers.

There have been understandable calls for increased use of the body scanner to help mitigate trauma caused from unclothed searches and incidents such as some that this report reviewed. However, using a body scanner would not have effected change or prevented issues in the specific situations related to this report.

There are opportunities for better evaluating and sharing information internally regarding process concerns.

Several concerning things were stated by complainants in interviews with OSI Investigators but were not reflected in the OSI narrative summary. This is noted not as a condemnation of the investigators as they were investigating whether an alleged assault could be substantiated, and the summary reflects information needed to discern specific allegations.

However, additional information provided in interviews would be helpful in reviewing surrounding processes and being alert to possible patterns.

PREA process was thorough and thoughtful but there are some needs and opportunities.

One of the complainants shared that their PREA memo was given to them in front of others. There is nothing in PREA standards or in DOC policy that require that PREA related memos or mail are given to incarcerated people in private; it is currently up to staff whether they seal or even put it in an envelope (or just fold the paper), and how or when it is delivered to the incarcerated person. However, the PREA Coordinator has agreed to provide direction to staff to ensure that memos are sealed and delivered in a more private way and has updated our office that this has been completed.

Facility staff responded appropriately to the allegations and reported the incidents as required as it was reported to them. Additionally, the Sexual Assault Response Team (SART) responded appropriately in their response to the PREA reports and the investigations. However, in reviewing these cases, and looking at PREA processes, there are considerable challenges that deserve meaningful attention.

There have been significant increases in PREA reporting at all MCF facilities. This is likely due to vast improvements in properly documenting and tracking PREA complaints but also likely due to increase in incidents, improved PREA education for incarcerated people and staff, and refining implementation of the PREA Standards.

The recent direction by the Department of Justice for PREA auditors to conduct more thorough audits has also played an integral part in this dramatic increase. Prior to 2020, only criminal, juvenile, and a very few select sexual harassment cases were reported into the PREA database management system; currently all allegations are recorded. The current increases in case reporting are as follows:

Total cases reported 2017 to 2022: 2,286% increase

Total cases reported 2019 to 2023: 1,332% increase

The OBFC acknowledges the work the DOC has done to update and institute better processes. The Sexual Assault Response Teams (SART) have specific trauma informed care training and additional specialized

training on a regular basis to provide care to all victims of sexual assaults. In addition, they meet on a quarterly basis to review cases, receive updates to services and procedures, and collaborate with all team members. Additional Forensic Experiential Trauma Interview (FETI) training has been provided to some investigators and PREA Compliance Managers.

FETI training would be beneficial for all staff. However, there are not enough resources currently to expand the training to all SART members and investigators. Even with the implementation of one dedicated staff person to coordinate all PREA efforts, that one staff person is not enough to handle the volume of reports coming in from the facilities, including the additional work of those assigned as PREA coordinators at each facility. The facility PREA coordinators are typically Assistant Wardens who have a plethora of daily facility responsibilities, as well as their role of PREA coordinators. Additional concerns for PREA coordination includes, but is not limited to, adequate staffing, sufficient database and IT support, and sufficient communication support.

Despite staff addressing these vast increases of reports in incredibly admirable ways, the current structure is neither sustainable nor suitable for the needs of the DOC and the population they serve, and without additional resources, the DOC risks losing the structure and staff they are building.

Victim Services policies were appropriately followed but there are some additional needs and opportunities.

Some of the concerns from a few complainants were related to victim advocate services changes. Despite some staff changes, we found that complainants were offered appropriate victim services advocacy at each step along the way and when changes happened due to staffing changes, they were given alternate options. However, there were some gaps and inconsistencies with how services were talked about and by who, and some opportunities to develop better processes. One example is an outdated video referred to in policy.

Additionally, many incarcerated people that file PREA reports decline victim advocates. This is an issue that has already been identified internally by Victim Services and they have begun to review this. Victim Services has also developed updated brochures. However, there does not seem to be a clear template for facility or investigative staff to explain and share that information currently.

Additionally, it is unclear how or if referrals are tracked other than by email.

With the increase of PREA reports there has been a significant increased need for victim services, and additional staffing in the MN DOC Victim Services & Restorative Justice Division (VSRJ) is likely needed to sustainably meet the demand. Additionally, community organizations, especially those that serve specific populations are consistently challenged with their own staffing and capacity issues. The VSRJ has been restructured due to some significant challenges in recent years and has shared several in-process efforts to update their services especially for target populations.

In 2019 the office had 21 FTEs and currently only has 9 FTEs. There are staff needs to maintain consistency. Additionally, some of the policies and materials related to Victim Services seem to be outdated and there are resource and data tracking needs.

Health Services information did not seem to be provided in a clear and accessible way.

Incarcerated people represent particularly vulnerable populations and so would be appropriate for additional care to be taken with health care related education and information, especially for exams or services that may be invasive such as gynecological or prostate exams. We found either inadequate or unclear explanation of the right to refuse such an exam, and unclear and incomplete explanation of what would happen during an exam before each step.

PREA Coordination/SART and VSRJ require additional support to address the challenges and needs.

Given the increase of PREA reports, along with the Office of Legislative Auditor Report from 2020[1] that highlighted many safety concerns, and the ongoing concerns from our review highlighted above, we find that PREA Coordination and Victim Services require additional resources**.**

Recommendations

Provide additional support and communication to staff and incarcerated people.

Although the allegations related to this report were not substantiated and overall processes regarding investigations into the incidents were followed appropriately, there are some opportunities for greater communication and support for incarcerated people and for staff when serious allegations are made.

This support and communication would be up to the facilities to decide what is appropriate but could include the following**:**

- Provide for care coordination for incarcerated person. Even with victim services and mental health support, traumatic experiences, whether they are substantiated, can derail focus and programming. Providing some additional support beyond typical case management to help develop a plan and some goals would help remind the incarcerated person of their focus, especially during long months of uncertainty while a case is being investigated, but also ongoing as they cannot leave the situation where the alleged event took place.
- Provide options for spiritual or religious services as appropriate including culturally specific practices.
- Provide better communication with incarcerated people and staff regarding safety plans, changes in process in response to investigations or complaints, and efforts to better meet needs. Even though there is limited communication regarding some items due to legal restraints, there can be better communication and acknowledgement of harm and overall experiences.
- Provide staff peer support. Although a staff member may find support from their union representative or Employee Assistance Program (EAP), significant allegations can contribute to safety and wellbeing issues for staff. Staff should be held accountable for wrongdoing and there

[1] https://www.auditor.leg.state.mn.us/ped/2020/prisonsafety.htm

are processes in place to address that. However, accountability should additionally include acknowledging and addressing the safety and wellbeing issues that staff encounter.

Communicate with incarcerated people regarding processes.

In addition to communicating about investigations and responses, communication about what is happening as it happens can be improved**.** As processes change regularly, staff should be trained on how to communicate about processes as they are implementing them. This may include explaining each step in a transfer or search as they get to that step.

Provide additional reminders for staff, even those not directly involved in incidents, about retaliation.

Staff feel a kinship and comradery with one another and when one of "their own" is publicly accused of an incident, they can feel protective. But snarky comments or any change of treatment to incarcerated people is unacceptable. These reminders could be in team meetings or memos and could be informal but should be a part of ongoing coaching as incidents arise.

Officer worn body cameras should be prioritized.

Given the number and severity of complaints alleging assault and harassment that the OBFC has received since re-opening in 2020, there's an overwhelming need to protect incarcerated people and staff. Body worn cameras provide a tool that helps create transparency, accountability, and protection for Department of Corrections staff and population especially when other cameras are unavailable or do not get to the situation in time to record the incident. This can be an asset for use of force incidents, allegations of assault, and claims of harassment or mistreatment, along with a multitude of other complaints regarding interactions between staff and incarcerated people.

In 2016, the Atlanta Department of Corrections became the first corrections department in the U.S. to implement body-worn cameras in their detention facility[2]. Since then, Nevada and California have also started using body-worn cameras within jails and prisons. This has proven to be more efficient when responding to critical incidents because supervisors are able to watch live interactions between staff and incarcerated people. The handheld cameras that are used in MN DOC facilities has been proven inefficient and ineffective in many incidences as it takes time for the officers to retrieve the hand-held camera and then arrive at the incident, so much of the interaction may not be recorded for further review.

DOC Policy 107.019 Office of Special Investigations – Fugitive Apprehension Unit – Body Worn could be expanded to address the use of body worn cameras by corrections officers.

The OBFC recommends the DOC prioritize body worn cameras at highest needs facilities.

The OBFC recommends the Legislature prioritize funding for body worn cameras at facilities that the DOC identifies as highest need and prioritizes additional funding for a study to research, engage in stakeholder and labor feedback, and plan for body cameras at other facilities.

[2] https://www.powerdms.com/policy-learning-center/developing-body-worn-camera-policy-in-corrections

Facilities with body scanners should develop a framework for body scanner usage.

The use of a body scanners is a significant tool in utilizing clothed searches. There is a detailed policy in place, and no policy violations have been found. However, there are still outstanding questions from incarcerated people, community members, and our office regarding the framework for when the body scanner is utilized. Facilities with body scanners should prioritize developing a clear framework and guidance for body scanner use.

Review process to screen additional information from investigative interviews.

In collaboration with OSI, OPA, and facility leadership, review process for sharing investigative information that may not lead to discipline or charges but should be monitored for concerns or reviewed to inform better practices.

Provide clearer and more consistent victim advocate education template for staff to utilize.

Review current victim services policies and update as necessary. Develop a clear template for staff to review victim advocacy information with incarcerated people especially for utilization before an interview or before transport for an exam.

Develop and utilize a clearer framework for trauma-informed care and right to decline health services.

Developing a trauma-informed care framework will ensure that both contracted and direct health services staff have the same understanding of how to ensure clear and consistent information and consent.

Kubiak, Covington, and Hillier in Trauma-Informed Corrections[3] explain that "Implementing trauma-informed services within a correctional setting involves incorporating knowledge about trauma in all aspects of service delivery." They identify that, "medical exams may be retraumatizing…. This may be particularly true of gynecological exams, and medical staff should be particularly sensitive to how invasive and triggering this routine procedure can be."

Health care providers caring for traumatized populations have a responsibility to go beyond basic information including providing information in a trauma-informed manner and in multiple formats. Even if many staff are already doing this well, having a framework would ensure consistent care. In one literature review that examined trauma-informed care in corrections, studies suggested that trauma informed care may contribute to a "trend toward higher program completion rate and lower incidence of recidivism"[4].

[3] https://www.centerforgenderandjustice.org/site/assets/files/1518/soical_work_chapter_7_trauma-informed_corrections_final.pdf

[4] Trauma-Informed Care for Adults Involved in the Correctional System: A Review of the Clinical Effectiveness, Cost-Effectiveness, and Guidelines *CADTH Rapid Response Report: Summary with Critical Appraisal* Dinsie Williams and Nina Frey. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2018 Oct 5.

It would be up to the DOC to review current procedures and develop a better/best practices framework, but the following should be considered for possible inclusion:

- Any invasive care or exam should begin with an explanation of the exam and explaining that the IP has the option to decline.
- Whenever possible, health information should be explained both orally and in writing, and in the language best understood by the incarcerated person.
- Gynecological exams should include a handout with an explanation of pelvic and breast exam and an explanation of the right to decline as well as any risks for consenting or declining.
- To develop the framework and better/best practices, the DOC should utilize input from victim services and input from incarcerated people (if incarcerated people are interested in sharing their perspective).
- While the framework is in development, health services staff who perform invasive exams or care should be reminded of the importance of full, clear, and frequent explanations before they perform each part of an exam or care, particularly exams or care that include genitals.

The Legislature should prioritize additional resources for DOC PREA Coordination and Victim Services.

In reviewing many cases at MN Correctional Facilities, the resourcefulness and creativity in how staff juggle incredibly limited resources is clear. However, that resourcefulness is neither sustainable nor effectual in addressing the ever-growing needs of the population they serve.

Conclusion

Minnesota benefits from a robust budget surplus. Many deserving interests and agencies will be competing for those dollars. However, as a state we have a legal, ethical, and moral obligation to ensure the safety and security of those we hold in correctional facilities and for the safety and wellbeing of the staff that serve in those facilities.

The DOC should adjust some of its processes to better ensure the safety and wellbeing of incarcerated people and staff related to sexual assault allegations. The Legislature should provide additional resources to ensure incarcerated people and corrections staff are adequately resourced.

DOC Response

In accordance with Minnesota Statutes Chapter 341.93 subd. 6, please find the DOC's responses below:

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February 15, 2023

Margaret Zadra, Ombuds
MN Office of the Ombuds for Corrections
540 Fairview Ave N, Suite 202
St. Paul, MN, 55104

Dear Ms. Zadra:

Thank you for giving me the opportunity to respond to the recommendations in your December 2022 reports pertaining to the Department of Corrections response to [redacted] incidents of alleged sexual assault. I appreciate the thoroughness of your investigation into these incidents. Please know that we believe that the response to reports of sexual assault in the state's correctional facilities must be responsive to the needs of those involved while ensuring a complete, comprehensive, and transparent investigation.

As it pertains to the findings and recommendations, we accept them and support the recommendations of your office in whole. Below you will find detailed responses to the recommendations item by item.

Provide for care coordination for incarcerated person.
At present, a continuum of services is offered to victims during the investigative process, including access to victim advocacy, internally and externally provided medical/nursing services and on-going mental health supports including external mental health services. We believe that closer involvement of victim advocacy could help the incarcerated person better understand investigative processes and serve as a critical conduit for information sharing, especially as it relates to the status of the investigation.

Provide options for additional connection to spiritual or religious services as appropriate, including culturally specific practices.
We concur that access to spiritual or religious services, including culturally specific practices should be regularly available to all incarcerated persons, but especially those involved in a sexual assault investigation.

Provide better communication with incarcerated people and staff regarding safety plans, changes in process in response to investigations or complaints, and efforts to better meet needs.
PREA standards require specific communication throughout the investigation, which is provided by the investigator and/or the PREA Compliance Manager and must be clearly documented in

Office of Special Investigation's database. The department also provides PREA educational material to all incarcerated people upon transfer into the facility and at orientation. PREA material is also available in the libraries, along with transitions staff and from case managers. Printed materials outline the investigative steps, and the services and options available to victims of abuse. There is a separate brochure that explains advocacy services. The agency also posts information in various locations at each facility describing how to go about reporting abuse and the confidentiality provided.
PREA investigators receive specialized training on the importance of clear communication and support during the investigations. The agency will work to emphasize and encourage the involvement of victim advocacy. Research has shown that victim advocacy not only aids the victim during the investigation, but it may also actually improve investigative outcomes.
As the new GTL tablets are deployed across the agency, PREA information and reporting options will be provided.
All Department of Corrections staff receive specific PREA training upon hire and then must complete refresher training on an annual basis.

Provide staff peer support.
The Department of Corrections does have a peer support unit that is available to any staff at any time. Going forward, the agency will prioritize the communication of resources to accused staff.

Complicating this area is the need for the agency to determine if the accused employee is entitled department-provided civil legal representation. Determining if civil legal representation is warranted is based on whether the employee was acting properly and within the scope of their duties and responsibilities. While this determination has no bearing on the employee's right and opportunity to access peer support or the state's employee assistance program, it can create additional stress for staff.

Communicate with incarcerated people regarding processes.
As previously noted, the agency will review current practices and develop protocols to emphasize and encourage the involvement of victim advocacy. Victim advocacy should not be a "nice to have" service. Victim advocacy, whether provided by outside advocacy or internal victim services staff, should be involved immediately whenever possible (before any investigative interview or sexual assault nurse examiner [SANE] examination). When consented to by the victim, the advocate should be present during the investigative interview and SANE examination.

When advocacy is involved with incarcerated victim-survivors, the agency's PREA investigators will be required to provide the advocate or incarcerated person information related to case status to the fullest extent possible.

Provide additional reminders for staff, even those not directly involved in incidents, about retaliation.
The Deputy Commissioner overseeing the Facility Safety and Security Division, along with facility wardens and their leadership teams will ensure that all staff are reminded about the agency's professional code of conduct and will swiftly respond to any reports of alleged retaliatory conduct with the appropriate action as warranted, including but not limited to initiation of an investigation, placing the employee on investigatory leave, reassigning the employee to a non-contact assignment, or other actions available to the department.

Officer worn body cameras should be prioritized.
We support department-wide deployment of body worn cameras for all security personnel within the agency. The Governor's and Lt. Governor's proposed biennial budget includes a request for the funding body worn cameras. The agency is committed to advocating at the legislature for this funding to be included in the state's appropriation to the Department of Corrections. It should be noted that not all collective bargaining units support the deployment of body worn cameras out of concern that the devices will be used to surveil employees. Agency management is committed to addressing the concerns of labor through a robust process of policy development.

Facilities with body scanners should develop a framework for body scanner usage.
We concur. As commissioner, I have made it clear that to the extent possible, I want the department to maximize the use of body scanner technology whenever possible and to minimize the use of unclothed body searches. The department is expanding the deployment of body scanner technology at four other facilities. The department is consulting with the Minnesota Department of Health to ascertain the health-related limits on body scan exposure. With the guidance from the Department of Health, the agency will identify a plan to finance procurement of additional body scanners. The department continues work on the policy guiding the use of body scanners. The policy will be finalized following receipt of recommendations and guidance from the Department of Health.

Review process to screen additional information from investigative interviews.
We agree that following the investigative process, regardless of outcome, a review of other areas of learning or improvement can be gleaned from the investigation. As you point out, investigations can yield substantial qualitative or contextual information that can better inform our processes, procedures, and communication. At present, investigations are efforts focused on fact finding.

As the agency's internal investigation policy is being updated to ensure effective oversight of the investigative process, we will ask policy leads to include a post-investigation review procedure to focus on qualitative or contextual issues, including a process for making recommendations for changes.

Provide a clearer and more consistent victim advocate education template for staff to utilize.
We concur. There have been major changes to the way in which PREA advocacy is provided within DOC facilities. The model for PREA advocacy services has shifted from an internal DOC process to the use of community-based sexual assault advocacy organizations, which is more in alignment with federal PREA requirements and reflective of the community standard. Beginning in January 2022, the Victim Services & Restorative Justice Unit (VSRJ) instituted a model of PREA advocacy services being provided by community-based sexual violence advocacy organizations. Along with the change to the model of advocacy services provision, draft advocacy response protocol was developed. After a year working with the new model, the protocols are being revised and updated. The final protocols will be distributed through the Office of Special Investigations and case manager networks for uniform application.

The DOC should develop and utilize a clearer framework for trauma informed health services care and include information about the right to decline health services.
We agree. The department recently issued an RFP for health care services, which included the requirement that the health care contractor's staff be trained in trauma-informed and gender-responsive care. The department recognizes the unique health care needs of women in our care, custody, and control. The Assistant Commissioner for Health, Recovery and Programming will ensure that the contractor's staff are trained in providing trauma-informed care. Along with the launch of this new contract, effective July 1, 2023, the agency will be convening a health services advisory committee. This new committee will be reviewing the services provided by both the agency and health care contractor, including the provision of trauma-informed and gender-responsive care.

Further, the Assistant Commissioner will provide the contractor with written directives that the contractor's staff fully explain and gain consent for the procedures that medical staff are performing before and during the procedure, including the right to refuse the services anytime during the healthcare encounter.

The DOC should prioritize expanding trauma informed training for staff, particularly those with duties that intersect with reporting, interviewing, and hearings related to sexual assault and harassment.
We agree. The department has provided focused training to staff at each facility who oversee and are involved in the PREA response, including the forensic experiential trauma interview training (FETI), which is a science-informed framework that maximizes the opportunity to collect and document a person's experience in a fair and equitable manner.

We will ask that the agency's PREA Compliance Manager and Victim Services conduct a review of the training status for all staff assigned to facility and field services Sexual Assault Response Teams (SART). Where new staff have been added to these teams, we will require that the Warden at each facility develop a plan to ensure that staff get requisite training as soon as practicable.

The Legislature should prioritize additional resources for DOC PREA and Victim Services.
We concur. The agency does have budgetary requests for these services, which are included in the Governor's and Lt. Governor's proposed budget. The agency has also talked with staff from the Department of Public Safety – Office of Justice Programs, who funds community-based victim advocacy services across the state about possible funding for expansion of victim services efforts.

Again, I want to thank you for your thorough review of these incidents, and the recommendations you've provided. We appreciate the work of your office and the opportunity to respond.

Please do not hesitate to contact me if you have questions or require additional information.

Sincerely,

Paul Schnell, Commissioner
Minnesota Department of Corrections

cc: Michelle Smith, Deputy Commissioner
Nanette Larson, Assistant Commissioner
Safia Khan, Chief of Staff
Kathy Halverson, Warden, MCF-Shakopee
Liz Richards, Director, Victim Services and Restorative Justice
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