

CITY COUNCIL
CITY OF NEW YORK

----- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON CRIMINAL JUSTICE

----- X

October 31, 2024
Start: 10:08 a.m.
Recess: 2:21 p.m.

HELD AT: Committee Room - City Hall

B E F O R E: Sandy Nurse,
Chairperson

COUNCIL MEMBERS:
Shaun Abreu
Diana Ayala
Tiffany Cabàn
Shahana K. Hanif
Christopher Marte
Mercedes Narcisse
Lincoln Restler
Carlina Rivera
Sanchez Pierina
Althea V. Stevens

A P P E A R A N C E S (CONTINUED)

Lynelle Maginley-Liddie
Commissioner of Department of Correction

Jeanette Merrill
New York City Health + Hospitals/Correctional
Health Services

Ingris Martinez
Department of Correction

James Conroy
Department of Correction

Jeremiah Johnson
Department of Correction

Jocelyn Stauber
Commissioner of DOI

Karen Klines
Sexual Abuse Survivors

Anna Kull
Survivors of Sexual Abuse

Tasha Carter Beasley

Konstantin Yelisavetskiy
Slater Slater Shulman

Michael Klinger
Brooklyn Defender Services

A P P E A R A N C E S (CONTINUED)

Barbara Hamilton
Legal Aid

Donna Hylton
A Little Piece of Light

Christopher Leon Johnson
Self

Chaplain Dr. Victoria A. Phillips
Jails Action Coalition

Yonah Zeitz
Katal Center for Equity, Health, and Justice

Ned McCormick
Department of Correction

Leah Faria
Women's Community Justice Association

Valerie Greisokh
Department of Correction

Seitan Sacco (SP?)

1 COMMITTEE ON CRIMINAL JUSTICE

4

2 SERGEANT AT ARMS: This is a microphone check on
3 the Committee of Criminal Justice located in the
4 Committee Room, recorded by James Marino on 10-31-
5 2024.

6 SERGEANT AT ARMS: Good morning and welcome to
7 today's New York City Council Hearing for the
8 Committee on Criminal Justice. At this time, please
9 silence all electronic devices. No one may approach
10 the dais at any time during today's hearing. Chair,
11 you may begin.

12 CHAIRPERSON NURSE: [GAVEL] Good morning. Good
13 morning, I'm Council Member Sandy Nurse, Chair of the
14 Council's Committee on Criminal Justice. I'd like to
15 welcome you to today's oversight hearing on
16 Preventing and Addressing Sexual Assault and
17 Harassment in City Jails, where we will also consider
18 Intro. 830 sponsored by Council Member Louis.

19 Up front, I'd like to note that throughout
20 today's hearing we will be discussing sexual
21 violence. This topic is disturbing and may be
22 difficult for some people, so please take care of
23 yourself. I want to recognize my colleagues who are
24 here. Council Member Marte, thank you for being
25 here. Sadly, this is not the first time this

1
2 Committee has focused on the issue of sexual abuse at
3 Rikers Island. The inability to keep staff members,
4 visitors and people in custody safe from predatory
5 behavior is a perpetual problem for the Department of
6 Correction.

7 In 2018, when the Council held a hearing on this
8 exact topic, the Department testified about efforts
9 underway to bring itself into compliance with the
10 Prison Rape Elimination Act by training staff,
11 revamping its investigation process, and screening
12 people in custody for risk of sexual victimization.
13 Here we are six years later to demand action yet
14 again because the Department of Correction must do
15 more than simply claim they have a zero tolerance
16 policy for sexual abuse and sexual harassment. These
17 words must mean something.

18 Sexual assault and harassment is a horrific
19 pervasive issue with dire consequences and jails
20 present a unique context for sexual abuse to occur.
21 The insular environment restrictions on incarcerated
22 individuals movement, and the inherent power
23 structures in jails contribute to increased
24 opportunities for sexual violence. In the community,
25 sexual assaults are severely under reported compared

1
2 to other crimes. This sad reality is even worse in
3 correctional institutions, where staff and other
4 incarcerated people can target and further abuse
5 people who report incidents.

6 Even with this under reporting, people in custody
7 filed 1,440 grievances to the Department of
8 Correction related to sexual abuse and harassment
9 last year. The Department of Correction has robust
10 policies in place to prevent and address sexual abuse
11 and harassment against people in custody. However,
12 there appears to be a division between the
13 Departments written policies and the reality for
14 those in its care.

15 Thanks to individuals who came forward after the
16 New York State passed the Adult Survivors Act, we now
17 have a better understanding of how pervasive this
18 issue is at Rikers Island. According to reporting by
19 Jessy Edward and Samanta Max at Gothamist of the more
20 than 1,200 cases filed under the ASA in New York
21 City's Supreme, State Supreme Courts, nearly 60
22 percent of claims were filed against the City of New
23 York and the Department of Correction. While many of
24 these claims date back decades, Gothamist
25 investigation found 40 lawsuits contain allegations

1
2 of sexual abuse at Rikers Island that occurred since
3 2018, the year we held our previous oversight hearing
4 where DOC vowed that they were undertaking extensive
5 reform efforts.

6 Today, I hope the Department will not deflect
7 responsibility and will acknowledge that more needs
8 to be done to end sexual abuse at Rikers Island. We
9 owe it not only to the people in custody but also to
10 the staff at Rikers Island who are victimized and
11 traumatized and deserve a workplace where they feel
12 safe. To further our goals today, we are also
13 considering legislation introduced by Council Member
14 Louis to require DOC to develop a comprehensive
15 training program for investigations of sexual crimes.
16 Effective investigations are the foundations of
17 accountability. I'm a proud co-sponsor of this
18 important legislation requiring DOC to implement a
19 victim centered sexual crimes investigation training
20 program and perhaps Council Member Louis will join to
21 share more about her bill. But today, we're going to
22 hear - I'm sorry, we're also hearing Intro. 792 from
23 Council Member Rivera who will be here in a little
24 bit and can speak on her bill.

1
2 Today, we are going to start out our hearing with
3 a panel of witnesses. Some individuals who have
4 asked to speak and come forward and share their
5 stories. We're going to hear from Karen Klines,
6 Tasha Carter Beasley, Donna Hylton and Seitan
7 Sacco(S?). I'm sorry if I'm messing up your name.

8 So, you all can start in whichever order you
9 want. Take your time. You may begin when you're
10 ready and make sure the red light is on there on the
11 microphone.

12 KAREN KLINES: Grand rising Members of the City
13 Council, my name is Karen Klines. Before I start I
14 would like to say the level of pain doesn't leave in
15 the morning okay. So, I wrote this. I stand before
16 you today as a survivor of sexual abuse while
17 incarcerated. My story is not unique. It is one of
18 hundreds if not thousands of women who have survived
19 similar facts. I have come forward with my truth
20 seeking justice and accountability. Yet despite our
21 courage and the overwhelming evidence the abuse has
22 remained unpunished.

23 Why is it that those who have committed such
24 horrific crimes against us are not held accountable?
25 Why are they not subject to the same legal

1
2 consequences as anyone else who have committed a
3 crime? We are not asking for special treatment. We
4 are asking for justice. We are asking for the same
5 rights and protections that every citizen is entitled
6 to. My voice has not been silenced. When I spoke
7 up, I was punished and removed from general
8 population. The mental trauma from the abuse and the
9 subject punishment has been devastating. I have
10 flashbacks and feelings of unsafety, unsecure at
11 times. I don't know who to trust doctors,
12 psychiatrists, police, or therapists.

13 It is time for the system to listen, to act and
14 to hold these abusers accountable. All of the
15 survivors deserve justice. We deserve to see those
16 who want us face the consequences of their action.
17 We deserve to feel safe and to know that our
18 suffering has not been in vein. And I want to thank
19 you for being here today and I thank you for allowing
20 me the opportunity for my voice to be heard without
21 punishment.

22 TASHA CARTER BEASLEY: Good morning to the City
23 Council. My name is Tasha Carter Beasley. I am also
24 formerly incarcerated in Rikers Island in 1996. When
25 I went into Rikers Island, I was a mother of eight

1 children. At the time, I was suffering from mental
2 illness, drug addiction and a school of other things
3 that you can imagine that would cause you to go to
4 jail. And in jail, and in my incarceration, I never
5 was safe. I never really had the opportunity to
6 reach out to my family to let them know what was
7 happening to me inside. How I got here today is
8 amazing because I had to rebuild my life that was
9 shattered. I didn't know how to do that. I didn't
10 have any places to go after I was incarcerated. I
11 didn't have any opportunity to help me understand
12 that if I spoke up for myself that I would be safe,
13 that I would be heard. That I would not suffer my
14 path to define who I am presently. I'm a mother, I'm
15 a grandmother, and I have suffered a lot of shame
16 behind the things that have happened inside of Rikers
17 Island to me. I can't take back that time but I
18 relive it every day.

20 I really didn't even know how to answer - my
21 granddaughter is 16 years old and she read the news
22 old. She's 16 years old, she's in high school. She
23 is getting ready to go to NYU and she asked me, she
24 said, grandma, what happened to you in there? And I
25 didn't know what to tell her but the truth. I

1
2 couldn't help but to think that by any chance or
3 anything that would happen to her, that she would go
4 through those doors and suffer that same fate or
5 maybe in school, or maybe anywhere in the
6 neighborhood and not be able to effectively say what
7 happened to me? I was manipulated. I was made to
8 believe that I was at fault because I was not
9 mentally healthy at the time. I was suffering from
10 uhm a lot of tribulations that started for me in
11 Rikers Island. My life was better before. My life
12 was better even with being on drugs and in the
13 street. It was like my life was better outside where
14 I was able to at least run. At least I would be able
15 to go somewhere and maybe hide myself but inside of
16 Rikers Island, I was never able to hide myself. I
17 was subject to fear. I was subject to uh housing
18 areas because I spoke up, because I told somebody and
19 I told people over the telephone. I told other
20 inmates but none of that mattered and when you're
21 inside of a place where you kind of feel like you're
22 the fault of your own situation, it's kind of hard to
23 really uhm articulate that I need to speak up for
24 myself. So, I surrounded myself around other women
25 that were my sisters and my peers that suffered the

1 same things. So, that's how I lived my life mostly
2 in groups, in settings of other women that needed
3 healing and didn't have the tools. Because we didn't
4 have the tools, we were marginalized women. No one
5 can tell you how do you go and get healed from sexual
6 abuse and sexual violence? How can I take the
7 memories out of my mind? How do I have a
8 relationship with someone that is not an abuser? How
9 do I know the difference? How can I trust myself if
10 I can't discern that I'm in danger and I can't speak
11 up but uhm, let me go into read. I did write
12 something and I'm here today to speak about the
13 profound emotional trauma and the results of that
14 sexual abuse. This trauma isn't a monetary
15 affliction. It lingers. It effects every aspect of
16 a survivors life. It's the shadows that follow us.
17 The stigma, the shame, the embarrassment, manifesting
18 as anxiety and depression and the overwhelming sense
19 of isolation. Survivors often struggle to trust
20 again and to feel safe in their own bodies, in their
21 environments. The emotional scars run deep. I can't
22 stress that enough. The emotional scars, they run
23 deep. Impacting my relationships, my career, my
24 overall wellbeing. This isn't something that we can
25

1
2 overcome alone. Alone kept me isolated. Feeling
3 alone made me want to kill myself. Feeling alone
4 made me subject to more crime in my life and as
5 policy makers, I believe you have the ability to
6 enact real change by providing resources for mental
7 health, supporting and ensuring access to safe
8 spaces. That's the biggest thing. Where do you go
9 when you have been violently or seduced into a
10 position that causes memories and causes flashbacks
11 and causes every aspect of your life to be from that
12 thing that happened to you. If these spaces are not
13 created, then we have no healing. We need policies
14 that's going to promote programs to prevent this and
15 we need help to rebuild our lives. Your support can
16 transform our community into a place where survivors
17 feel heard and validated and that's a big thing. I
18 didn't feel validated for a long time. It took my
19 children to forgive me for even being in that space.

20 And still today, I have a lot of survivors
21 remorse. Still today, I can identify with my abusers
22 and sometimes that makes me uncomfortable. Sometimes
23 its overbearing in a sense that I care whether you
24 believe me or not. I care whether you want to hear
25 me or not. I care that you know what it takes to

1 stand here to tell you that things happened to me
2 that I'm not happy about and the Department of
3 Corrections shouldn't be happy about it either. And
4 uhm, I never thought I'd be here today. I'm going to
5 tell you all this. I never thought that when I did
6 open my mouth and when I did that I would be this far
7 today to put a face, to put feelings, to put a story,
8 to put a narrative, to understanding why we have to
9 be heard and why we have to be paid attention to
10 because guess what? You got pictures of somebody's
11 private part and you in your mouth that you can't
12 erase and it shouldn't have ever happened. That's
13 hard to live with. That's hard to walk with your
14 head up. That's hard to say that this happened to
15 me. I don't know sometimes whether to be angry. I
16 don't know whether to run. It took me a lot to get
17 here today. It did. It did. I didn't just wake up.
18 I've been walking around with this inside me whether
19 I - I wanted to stay to myself about it because I
20 can't take no more of not listening, not being heard,
21 not being validated. It's a sensitive situation, of
22 course nobody wants to hear the dark side or what you
23 can't see. And inside the jail, no one can see what
24 was happening to us because we were secluded,
25

1
2 isolated, controlled. The grieving system was not
3 set up for us. It was not set up for us to feel so
4 privy to go and write a grievance by the people who
5 are holding keys to your incarceration. That's
6 holding keys for your medication line, for your calls
7 for your visit, for commissary, it's a whole life
8 inside. And I've seen that people, you're afraid to
9 hear about the dark things that, oh I don't know how
10 they can hide it any longer.

11 So, thank you for allowing us to have this
12 opportunity to express just a shade of what - and my
13 story is just I have not given you the ins and outs
14 because guess what? I'm tired. I'm tired of people
15 not listening. I'm tired of people judging me. I'm
16 tired. That sometimes we don't even care if we get
17 it no more because that's how deep trauma goes, that
18 you will give up on it. The very thing that you're
19 fighting for and so many people and so many - so much
20 energy opposed to us being heard. Opposed to people
21 being held accountable. They didn't have no problem
22 with putting me in jail for hurting myself. I was an
23 addict. I was in jail for hurting myself and I did
24 the time for hurting myself and at the same time
25 while I was incarcerated, they hurt me more and

1
2 that's when my sorrows begin. But today, I have to
3 tell you, I'm far from that place that I was to see
4 myself. I'm far from it. I'm not away from the
5 memories. I'm not away from the trauma. I'm not
6 away from the triggering. I'm not away from the fear
7 of the opposite sex. I don't even know how to relate
8 anymore. Okay you all, thank you for letting me
9 share and for your time.

10 CHAIRPERSON NURSE: Thank you.

11 SEITAN SACCO: Hello, okay. Good morning members
12 of the City Council. My name is Seitan Sacco and I
13 am here today to discuss the important issue of
14 sexual violence in prisons. I was incarcerated at
15 Rikers about eight years ago. My time at Rikers was
16 eye opening and extremely difficult. It forced me to
17 confront the harsh realities of the justice system
18 that most people don't see.

19 During my time at Rikers, I experienced sexual
20 harassment and was touched inappropriately by a staff
21 member. It was an incredibly traumatic violation,
22 especially because it happened in a place where I was
23 supposed to be safe, at least from the people that
24 worked there.

1
2 This experience has had a lasting impact on me
3 both emotionally and mentally and highlighted for me
4 the importance of accountability within the justice
5 system. The experience left me feeling powerless.
6 Knowing that someone who was supposed to protect and
7 oversee my safety violated that trust. It took a
8 heavy, emotional toll, making it difficult to feel
9 secure in an environment where I was already
10 vulnerable. This incident underscored how important
11 it is for staff to be held accountable for their
12 actions. No one should ever have to feel unsafe in a
13 place meant to ensure basic human rights regardless
14 of their circumstances.

15 When authority figures violate this, it signals a
16 deep failure within the system. Experiencing abuse
17 from a staff member showed me the urgent need for
18 systematic changes to protect those in custody.
19 Ensuring thorough - I'm sorry, excuse me. Ensuring
20 thorough training accountability and support for
21 reporting these incidents is essential. No one
22 should go through what I went through. The trauma
23 from this experience is something I carry with me,
24 affecting my mental health and my trust in others.
25 It has been challenging to process and even more

1
2 difficult to heal but I'm determined to speak out so
3 others don't have to experience the same.

4 I'm sharing this because I want to be a part of
5 the conversation around protecting vulnerable people
6 in places like Rikers. By speaking up, I hope to
7 bring attention to stricter accountability measures
8 so that no one has to suffer in silence. Despite the
9 fear and helplessness I felt, I refuse to let this
10 experience define me. I am working to reclaim my
11 sense of safety and strength and I'm determined to
12 stand up, not just for myself but also for others who
13 might be enduring similar situations. Thank you for
14 this opportunity to share.

15 UNIDENTIFIED: Good morning. I just want to say
16 thank you for having us here again unfortunately.
17 You know taking time to reflect as I hear my peers
18 speak about their trauma. The situations that
19 happened to them and I'm sitting here, 40, almost 40
20 years later from what happened to me on Rikers Island
21 as an adolescent. So, it's painful, it's painful to
22 have to hear this almost 40 years later that this
23 trauma, the trauma of abuse, sexual abuse continues
24 to permeate the very fabric of an island that we know
25 should have long, long time ago, been shut down.

1
2 And it hurts me as a woman, as a mother, just as
3 a human being to continue to hear these stories. It
4 makes me look at my own as insignificant but it's
5 not. It's not, it's shameful, it's shameful. 40
6 years ago, I was on Rikers Island as an adolescent.
7 I was placed into protective custody, a place within
8 a very abnormal place that said it was more secure
9 and more safe, more stable, that I would be
10 protected.

11 One of my protectors was a captain on Rikers
12 Island. It was my first time being in the system.
13 My first and only time. Let's be clear because we
14 hear these conversations the rhetoric and vitriol of
15 those of us who are criminally justice impacted. Who
16 are worse than, less than and not deserving of. Like
17 because we have been impacted by the system, whether
18 we do something or not, guilt or innocence should not
19 be a factor that we are not deserving, we are less
20 than and so why listen to us? Why care? Why bother?
21 And that's wrong.

22 A female captain who I thought was there to
23 protect me and to guide me through the system that I
24 knew nothing about as an adolescent, isolated,
25 secluded from everyone because this label was placed

1 on me to protect me. I was one of the youngest ones
2 on the island. This woman took at advantage of me,
3 manipulated me into thinking that she was there to
4 protect me, to make sure that nothing happened to me.
5 She did things that I don't even want to discuss.
6 She did things that no captain who says that they
7 take an oath to protect, to serve, to care, custody
8 control we know the rhetoric, did not do. But
9 instead violated that oath every single chance that
10 she got. Who could I tell? Who could I turn to in
11 protective custody? In a jail that was run by
12 officers, captains, sergeants, tenants, depts, you
13 name it, wardens, that say that they're there to
14 protect, to care, to maintain custody. I didn't see
15 it. As a result, her wife, who was a deputy, found
16 out that she was I guess favoring me too much. I
17 went to court one morning at 6 o'clock in the
18 morning. I came back at 10 o'clock at night and I
19 was then placed - I was taken from the status of
20 protective custody and now put into administrative
21 segregation and I didn't understand what that meant.
22 I didn't understand the rules or the procedures.
23 Again, it was my first time and [INAUDIBLE 00:29:40]
24 spoke volumes.
25

1
2 I was placed in administrative segregation
3 because her wife, the deputy, and I'm going to say it
4 because I even wrote about it and I speak about it
5 and I am not lying. We are not liars. Had someone
6 placed a shank that I didn't even know what a shank
7 was, in my cell when I left to go to court? A shank
8 that I still to this day, almost 40 years later, have
9 not seen and accused me of things that I had no
10 understanding of, no knowledge of. I wouldn't even
11 know how to do it.

12 And as a result, I was placed into solitary
13 confinement; let's call it what it is. Solitary
14 confinement, locked for 90 days for having something
15 I never saw. Accused of things I've never done, all
16 because this deputy was angry with her wife, the
17 captain who was sexually assaulting a detainee, an
18 adolescent detainee on Rikers Island in protective
19 custody. And I've giving it to you in that way
20 because that's how it happened and that's how it
21 continues to happen and we have these hearings. We
22 meet. We talk. We listen but as you said
23 Councilwoman Nurse, 2018, when we had that hearing
24 and here we are in 2024 having another one. And so,
25 you listen to us. You hear our stories. You hear

1
2 our pain. You hear our trauma. We tell it over and
3 over and over and over and over and over and over and
4 over and over again. When, when will we be heard?
5 When will we be believed? No, we don't wear a uniform
6 with stripes and metals and badges, but we wear
7 something else. We wear our truth. We wear our
8 trauma. We wear the abuse. We wear it every single
9 day.

10 I'm not even crying for me right now. I'm crying
11 for them because 40 years ago this happened to me and
12 40 years later, I have to hear this young woman talk
13 about what just happened to her. When will we see
14 different? When will we be treated as human beings?
15 Regardless of guilt or innocence, being so-called
16 career criminals, whatever these labels, you want
17 them to represent. You see through instead of seeing
18 a human being and recognizing humanity that everyone
19 should have. When will this change? PREA was
20 enacted because of things that we're telling you
21 today. I was a part of PREA being enacted in Bedford
22 Hills. I left Rikers Island to go into a state
23 prison where the sexual abuse continued. We talk
24 about pipelines, let's be clear on what the system
25 overall represents. The types of pipelines that the

1
2 system represents that boxes us into. That forces us
3 to have to live through and then you call us
4 monsters. The nerve, the audacity, to call us
5 monsters. When everyone, everyone has a role in
6 these situations. Silence is an act of guilt. Allow
7 your silence to shake you for a minute. Look at
8 yourselves in the mirror. Those of you that work on
9 Rikers and represent law enforcement, why did you
10 take an oath? Why? Be real and honest with
11 yourselves because if you continue to look at those
12 of us like we are less than, how do we look at you?
13 How can I respect you? How can I value you? How can
14 I see your humanity? How? When you don't see mine.

15 The time is now. We cannot continue to have
16 these conversations over and over and over and over
17 again. We cannot. Over 700 women filed lawsuits
18 allegedly right, claiming alleged sexual abuse.
19 Somethings wrong with that number and if you think
20 over 700 women are lying, I know I'm not lying. I
21 even wrote about it in a book, my book to tell my
22 truth because I'm tired of being labeled and I'm
23 tired of you saying I'm less than and not worthy and
24 I'm tired because I continue to see the same things

1
2 happening over and over and over again. Again, why
3 are we here today?

4 So, if nothing we've said here today has changed
5 anything in you, your thoughts, the ways you see us,
6 to believe us, what's the point and who are we? Who
7 are you as human beings? Who are you? What are you
8 here for? What are you here for? Thank you.

9 CHAIRPERSON NURSE: I want to thank you all for
10 coming. I appreciate you getting here as hard as
11 they may have been this morning. We're not going to
12 take questions for this panel as requested but I just
13 want you to know that you are heard. This Council
14 cares about you and it cares about what we do here
15 and the work and the powers that we have to try to
16 make things better, which is why we're having this
17 hearing. Which is why we've continued to ask about
18 this issue repeatedly throughout our hearings and
19 it's unacceptable, everything you've gone through.
20 It's completely unacceptable. It's disgusting and
21 it's shameful but I really just want to extend my
22 gratitude for you being here.

23 We also have a group of young people here today
24 who have asked to come to this hearing specifically
25 and so, what you're saying in your testimony in your

1
2 words is like having a very real effect right now on
3 people who are trying to understand the world and the
4 world they are about to enter and I really appreciate
5 you being here to share that with them, so thank you.

6 So, we have a couple of new members here. Thank
7 you Council Member Stevens, Rivera, Restler, Abreu.
8 I know Ayala is online. I'm going to turn it over to
9 Council Member Rivera to just say some remarks about
10 your bill and then we'll switch over to the Admin.

11 COUNCIL MEMBER RIVERA: Thank you. Thank you for
12 being here. We believe you. Thank you for sharing.
13 It's physically sickening to hear this. To know that
14 you were on the city's care and with through this
15 over decades. This Council, you know we've banned
16 solitary confinement. We passed the Gender
17 Motivative Violence Act. It's not enough. It's not
18 enough. It's not going to fix this. It has not, it
19 will not address your pain but we're going to keep
20 going and I want to thank Chair Nurse for her
21 leadership. She convened this deeply important
22 hearing and of course for really just hearing my bill
23 Intro. 792. I passed a bill that was very similar to
24 this in 2018, to hold the NYPD Special Victims
25 Division accountable. Creating case management

1
2 systems to actually track and monitor investigations
3 cases and other activities of that division because
4 we found out they actually weren't doing it. They
5 didn't have the capacity. They didn't have the
6 personnel and this bill would require the Department
7 of Correction to use a case management system to
8 track investigations of sexual abuse, and it won't
9 fix everything but we need to know and we need the
10 accountability.

11 With more than half of the Adult Survivor Act
12 filings related to Rikers Island, it's clear that
13 there is an epidemic of sexual abuse in the jail
14 system and the Department of Correction has a duty to
15 care for those in its custody and they must be held
16 accountable. Right now, we're seeing that a lot of
17 the reporting finds that investigation into these
18 accusations are actually happening under this
19 administration. So, from 40 years up to right now
20 and I'm sure beyond that. More than 40 percent of
21 the Departments investigations into sexual abuse and
22 sexual harassment allegations last year dragged on
23 beyond a local and federal mandate that cases be
24 fully investigated and closed within 90 days after a
25 complaint is filed. So, justice delayed as you can

1
2 imagine. It is clear that Council must implement
3 further protections to ensure that individuals who
4 are in DOC custody are not being sexually abused and
5 that perpetrators are being held accountable. So
6 again, I want to thank Chair Nurse. I want to thank
7 my colleagues and I just want to thank you all really
8 from the bottom of my heart for being here. Thank
9 you.

10 CHAIRPERSON NURSE: Thank you Council Member
11 Rivera. So, we're now going to switch over to the
12 Admin. If you would like to stay for the hearing, we
13 can make some chairs available for you all. If the
14 Sergeants can make sure there's enough space for you
15 all to sit and we're going to transition now.

16 [00:42:01]-[00:43:57]

17 Okay, I'll now introduce our panel of
18 Administration witnesses and turn it over to the
19 Committee Counsel to swear them in. From the
20 Department of Correction we Commissioner Lynelle
21 Maginley-Liddie, General Counsel James Conroy,
22 Associate Commissioner of Facility Operations Ned
23 McCormick, Deputy Director of Special Investigation
24 Unit Ingris Martinez, Assistant Commissioner of
25 Training and Development Jeremiah Johnson, Assistant

1
2 Commissioner of Programs and Community Partnerships
3 Valerie Greisokh, and from Correctional Health
4 Services we have Senior Assistant VP Communications
5 and External Affairs for New York City Health -
6 Hospital CHS Jeanette Merrill.

7 Our second panel we'll hear from Commissioner
8 Jocelyn Stauber from the Department of Investigation.

9 COMMITTEE COUNSEL: If all the witnesses present
10 could raise your right hands? Do you affirm to tell
11 the truth, the whole truth and nothing but the truth
12 before this Committee and respond honestly to Council
13 Member questions?

14 Noting for the record that all witnesses have
15 answered affirmatively. You may begin your
16 testimony.

17 LYNELLE MAGINLEY-LIDDIE: Good morning Chair
18 Nurse and members of the Committee on Criminal
19 Justice. I am Lynelle Maginley-Liddie, Commissioner
20 of the New York City Department of Correction. My
21 colleagues and I are here to discuss a very sensitive
22 and important topic: the prevention of and response
23 to sexual assault and harassment within our jails. I
24 want to be clear at the outset, sexual assault and
25 harassment are not tolerated within our jails.

1
2 People working in and visiting the jails, as well as
3 those in our care, must remain safe and free from
4 harm.

5 The Prison Rape Elimination Act is a federal
6 statute that outlines the essential elements required
7 to prevent the sexual abuse of individuals in
8 correctional facilities. Finalized in 2012, the Act
9 provides standards in the areas of prevention,
10 training and education, screening for risk of sexual
11 victimization and abusiveness, ways for people in
12 custody to report sexual abuse and harassment, agency
13 response following a report, investigations,
14 discipline, medical and mental health care, data
15 collection and review, and audits and appropriate
16 corrective action. The Department began working
17 towards compliance with these standards in 2015.

18 Board of Correction Minimum Standards for the
19 Elimination of Sexual Abuse and Sexual Harassment
20 outline many of the same standards as PREA and went
21 into effect in January 2017. Our goal is not only to
22 comply with PREA standards but to adopt more
23 comprehensive best practices that ensures everyone
24 who enters our jails, whether staff, people in
25 custody, or visitors remain safe.

1 Policies and procedures related to the prevention
2 of and response to sexual abuse and harassment of
3 people in custody are managed by the Department's
4 PREA Compliance Unit and PREA Investigation Unit.
5 PREA Compliance staff work to create a culture and
6 environment within the jails that promotes the
7 detection and reporting of sexual misconduct,
8 prevents retaliation against anyone who reports
9 sexual abuse and provides ongoing support and
10 resources to individuals who are the victims of
11 sexual abuse. The PREA Investigation staff respond
12 to allegations of sexual abuse and harassment and
13 ensure that victims are separated from alleged
14 perpetrators and receive prompt medical care and
15 mental health support and conduct any resulting
16 investigations. As of October 2024, the PREA
17 Investigation Unit is comprised of 19 investigators,
18 with each investigator handling on average 25 cases
19 at any given time.

21 All DOC staff, as well as contractors and
22 volunteers who work in our jails are required to take
23 an in person training designed to identify and
24 eliminate sexual abuse and harassment. The training
25 instructs that all reports must be taken seriously

1
2 and forwarded immediately to the Department's PREA
3 Investigation Unit. A refresher training is required
4 every two years.

5 Upon entering custody, every individual is
6 screened for their risk of sexual victimization and
7 abusiveness. This screening is used to determine the
8 most appropriate housing options for each individual.
9 PREA Compliance staff conduct an in person
10 orientation with all new admissions. This allows
11 individuals to ask question during the orientation or
12 privately at its conclusion. During the orientation,
13 staff inform new admissions of the many ways to
14 report an allegation.

15 Reporting an incident of sexual assault can be
16 incredibly difficult, and therefore the Department
17 provides many different pathways for individuals to
18 make a report, including calls to various hotlines,
19 to the Board of Correction, and the Department of
20 Correction - and the Department of Investigations,
21 sorry. Reports may be also submitted by a third
22 party and will be forwarded to the PREA Investigation
23 unit. Importantly, DOC staff are mandated reporters.
24 If they suspect or witness sexual misconduct, they
25 must report the incident to the PREA unit. Reports

1
2 can be submitted anonymously and there's no time
3 limit on when an individual can report an allegation
4 of sexual abuse or harassment.

5 A cornerstone of eliminating sexual abuse within
6 the jails is a fair and thorough investigative
7 process. As a first step, any time an individual
8 alleges that they were sexually abused by staff, DOC
9 sends that information to DOI for clearance to
10 conduct an internal investigation. DOI will either
11 allow DOC to investigate or ask DOC to stand down and
12 they will investigate itself.

13 If the matter is cleared for investigation, PREA
14 investigations will move forward. They will respond
15 to the facility of the alleged incident, often within
16 24 hours to speak with the victim and any potential
17 witnesses. They will review Genetec video and phone
18 calls, and the backgrounds of those involved in the
19 allegation and collect any other evidence.

20 Critically, PREA investigators also ensure that the
21 victim is immediately separated from the alleged
22 perpetrator and receives supportive services
23 including medical services and a referral to mental
24 health services. Following a report, PREA Compliance
25

1
2 staff will tour the facility regularly and check on
3 victims and monitor for any signs of retaliation.

4 The Department completes a preliminary review of
5 all sexual abuse and harassment allegations within 72
6 hours of the allegation being reported. Following
7 this, allegations are assigned as PREA reportable or
8 not PREA reportable, as defined in the PREA
9 standards. Allegations that are PREA reportable
10 include any allegation that involves sexual abuse by
11 staff, repeated reports of sexual harassment by
12 staff, and non-consensual sex acts, abusive sexual
13 contact and sexual harassment between individuals in
14 custody. Non-PREA allegations include for example, a
15 one time allegation of sexual harassment and
16 consensual sex acts between individuals in custody.

17 I would emphasize that, although an allegation
18 might not be PREA reportable, it is still taken
19 seriously and investigated thoroughly.

20 PREA standards require that all cases must be
21 closed within 90 days of the allegation being made.
22 If an investigation reveals criminality, the case
23 will be referred back to DOI. Those cases will
24 remain as pending until they are closed out by those
25 parties. While some recent cases have exceeded the

1
2 90 day closing requirement, the majority of cases are
3 closed within 90 days.

4 Once an investigation is completed, it is
5 classified as substantiated, unsubstantiated or
6 unfounded. Allegations are substantiated if
7 determined to have occurred based on a preponderance
8 of evidence. Unsubstantiated allegations are ones in
9 which the evidence is insufficient. Unfounded
10 allegations are those proven false. Staff who are
11 found to have violated Departmental policies that
12 contributed to a sexual assault are disciplined and
13 may be terminated.

14 Staff found guilty of a crime are terminated.
15 Individuals in custody are also subject to discipline
16 and possibly rearrest if an allegation against them
17 is substantiated.

18 The safety and wellbeing of DOC staff and anyone
19 else who works in our jail is of paramount
20 importance. They deserve a work place free from
21 violence and harassment. Everyone who works in the
22 jails is required to complete a situational awareness
23 training prior to entering the facilities. DOC
24 supervisory staff are expected to tour jails
25 regularly to assess and abate conditions that may

1
2 lead to violence or harassment. In addition, staff
3 and leadership positions throughout the agency
4 continue to tour the jails on a regular basis to
5 observe conditions, speak with staff, and individuals
6 in custody and address any issues they observe while
7 they are on tour. Unfortunately, despite these
8 efforts, staff external providers and volunteers have
9 experienced sexual assault and harassment from
10 individuals in custody. Such instances are within
11 the purview of PREA guidelines, and a separate
12 investigation process is managed by the Department's
13 Correction Intelligence Bureau. Following a report,
14 CIB interviews the victim as soon as possible and
15 collects witness statements and other potential
16 evidence to make a charge and arrests.

17 If an arrest is made, all pertinent documents are
18 forwarded to the Bronx District Attorney. Assaults
19 on staff are traumatic experiences and our approach
20 centers on immediate intervention, ongoing support,
21 and fostering resilience. Supervisors meet staff to
22 check on their wellbeing and offer support
23 immediately following an assault, and throughout
24 their recovery. By addressing the emotional,
25 physical, and psychological needs of staff, we aim to

1
2 provide a safe, supportive work environment for all
3 employees. In addition, the Department's Corrections
4 Assistance Response for Employees unit provides a
5 holistic range of support and resources including
6 counseling, spiritual guidance, and referrals to
7 professional providers.

8 The CARE unit, as it is called, is comprised of
9 veteran officers who can share in the staffs
10 experience and offer compassionate peer based
11 support. They tour the facilities regularly to check
12 in on staff and encourage them to access the
13 supportive resources available to them. If a victim
14 would like to seek services external to the agency,
15 we also refer them to the Employee Assistance Program
16 for support.

17 Let me now turn to the proposed legislation
18 Intro. 792, which would require DOC to establish and
19 maintain an electronic case management system to
20 record all data related to reports of sexual abuse
21 and harassment of individuals in custody. During the
22 last year, the Department has been procuring and
23 implementing a new electronic case management system.
24 The system is designed to document and track cases,
25 investigations and disciplinary actions

1
2 departmentwide. The PREA unit, investigation unit,
3 was selected as the first unit to go live with this
4 application. Once fully operational, this system
5 will greatly improve the Department's ability to
6 document and track sexual abuse and harassment
7 complaints. Adhere to the deadlines associated with
8 the cases, and report in compliance with oversight
9 requirements. The Department supports this
10 legislation but would request adjustments to the
11 effective date to allow for a reasonable time to
12 ensure the application meets the requirements
13 outlined in the bill following this pilot phase.

14 Intro. 830 would require the Department to
15 develop a comprehensive training program for
16 investigations of sexual assault and harassment and
17 to report on training.

18 In addition to the foundational PREA training
19 that all staff are required to complete, PREA and CIB
20 investigators received additional in service training
21 on investigation procedures, as well as cross
22 training with the NYPD and other subject matter
23 experts. Although we would propose minor amendments
24 to ensure that training requirements are in line with
25 the best practices, we support formalizing the

1
2 requirement for staff who undertake this sensitive
3 work. We look forward to working with the Council to
4 address our concerns.

5 Finally, let me restate that the Department has a
6 zero tolerance policy for anyone engaging in sexual
7 misconduct in our facilities. We take this issue
8 extremely seriously. We are committed to making
9 improvements to ensure that we are not only in
10 compliance with PREA standards, but more importantly
11 that all people who live, work in, or visit our
12 facilities are safe. I am personally committed to
13 continuing this work. Thank you for the opportunity
14 to testify today and we're happy to answer any
15 questions that you may have.

16 JEANETTE MERRILL: Good morning Chair Nurse and
17 members of the Committee on Criminal Justice. I am
18 Jeanette Merrill, Senior Assistant Vice President of
19 Communications and External Affairs for New York City
20 Health + Hospitals Correctional Health Services, also
21 known as CHS. I appreciate the opportunity to
22 testify at today's hearing on Preventing and
23 Addressing Sexual Assault and Harassment in City
24 Jails. My testimony will focus on CHS's efforts to
25 help address sexual assault, abuse, and harassment

1
2 against both our staff and our patients, as well as
3 the care we provide to patients who have experienced
4 sexual abuse.

5 The safety of our staff, particularly those who
6 provide patient care in the jails, remains a top
7 priority for CHS. In recent years, CHS has expanded
8 the size and scope of the team that manages its
9 safety operations and has worked to build stronger
10 partnership and workflows with the New York City
11 Department of Correction. Together, CHS and DOC have
12 developed and implemented situational awareness
13 training, which includes addressing workplace sexual
14 abuse and harassment, as a part of the CHS new
15 employee orientation. The CHS safety team also
16 regularly conducts rounds in the jail facilities and
17 risk assessment walkthroughs with our healthcare
18 unions 1199, 1180, DC 37, Doctors Council, and the
19 New York State Nurses Association.

20 Last calendar year, CHS staff reported 311
21 workplace violence incidents, which included 56
22 sexual offenses. Following a workplace violence
23 incident against our staff, CHS works with DOC to
24 implement plans to support staff and mitigate future
25

1
2 risk. These may include employee or patient
3 transfers or separation orders.

4 In addition to documenting the incident, the CHS
5 safety team meets with the employee to check on their
6 wellbeing, to offer resources and support, and to
7 assist the employee in completing an incident form
8 and in receiving a medical evaluation if necessary.

9 This is in addition to the real time support provided
10 by direct supervisors. If the employee would like to
11 file criminal charges against a patient involved in a
12 workplace violence incident, CHS will connect the
13 individual with the DOC Correction Intelligence
14 Bureau.

15 We will continue to work with DOC and our unions
16 to ensure we maximize our staff's safety in the
17 workplace, not only because it is their right as
18 employees but also because a safe environment is
19 necessary for the provision of quality health care.

20 Beginning in January 2016, CHS became the city's
21 direct provider of carceral health care as a new
22 division of New York City Health + Hospitals, ending
23 a decades long practice of contracts, most recently
24 with Corizon, a private for profit correctional
25 health care company that the New York City Department

1
2 of Investigation DOI, determined had significant
3 breakdowns and acute failures in its employee
4 screening and hiring practices. CHS immediately
5 implemented new, robust processes for conducting
6 employee background checks and security screenings.

7 CHS established as policy that it will not hire,
8 continue the employment, or retain the services of
9 any person who may have contact with patients who has
10 engaged in sexual abuse in a prison, jail or other
11 institution, or who has been convicted of or civilly
12 or administratively adjudicated for committing sexual
13 abuse in the community.

14 All CHS staff are required to complete Prison
15 Rape Elimination Act training, PREA training to
16 report any allegations, knowledge, or reasonable
17 belief concerning any incident of sexual abuse or
18 harassment towards a patient, regardless of whether
19 the alleged perpetrator is another patient or a staff
20 member. CHS staff report such cases to CHS
21 Operations, which documents the incident, generates a
22 reporting form, and notifies key CHS and DOC staff,
23 which includes the DOC Special Investigations Unit.
24 Allegations involving CHS staff are also reported to
25 DOI.

1
2 CHS staff involved in an allegation will be
3 immediately removed from contact with the patient who
4 has experienced the alleged abuse. Based on the
5 investigation findings of DOC and DOI, appropriate
6 disciplinary action is taken and may result in work
7 location reassignment, removal from all direct
8 patient care, or termination of employment and may
9 include reporting to professional licensing
10 authorities.

11 We recognize the profound responsibility we have
12 as health care providers to ensure the health and
13 wellbeing of our patients, many of whom enter our
14 care with previous exposure to trauma and abuse and
15 all of whom have limited agency by virtue of being in
16 a carceral setting. All patients are screened at
17 intake for a history of trauma, including sexual
18 abuse, and those who screen affirmatively are offered
19 follow up care with a medical and/or mental health
20 practitioner. We work to provide individualized,
21 trauma informed care to all of our patients, 56
22 percent of whom are enrolled in our Mental Health
23 Service.

24 All patients who are housed at the Rose M. Singer
25 Center are further screened for a history of Intimate

1
2 Partner Violence during the new admissions process,
3 and CHS's Gender Related Services meets with all
4 patients who screen affirmatively to offer additional
5 services, such as IPV focused counseling. Last
6 calendar year, 5.2 percent of the 19,453 patients who
7 responded to the questions reported a history of IPV,
8 however, we understand that many patients choose not
9 to disclose their history of sexual abuse or IPV
10 during intake, and mental health clinicians and
11 psychiatric providers consider and assess for trauma
12 symptoms during all clinical encounters. Patients
13 can be referred to Mental Health Services or Gender
14 Related Services at any point during their
15 incarceration.

16 CHS has also established multiple pathways for
17 patients to report jail based sexual assault, abuse,
18 and harassment. In addition to initiating a report
19 with any DOC staff, a patient can disclose abuse to
20 any CHS staff person during any encounter, including
21 another clinic appointment, or can call the CHS
22 Health Triage Line to speak directly with a nurse.
23 Patients family members and other external parties
24 can also share their concerns by contacting CHS's
25 Patient Relations department or by calling the 24/7

1
2 CHS Operations phoneline. Following an allegation,
3 the patient is seen in the clinic for a medical
4 evaluation.

5 During the medical evaluation, the clinician will
6 perform an examination to identify any physical
7 indication of bodily trauma or injuries, will
8 document these findings in the patient's medical
9 record, and will follow up as is clinically
10 appropriate. The clinician will also offer post
11 exposure prophylaxis when applicable. CHS refers all
12 patients who report sexual abuse to the Mental Health
13 Service for follow up care and to CHS's Sexual
14 Assault Advocacy team for additional support, which
15 includes the sharing of jail based and community
16 based resources.

17 When a forensic examination or evidence
18 collection is indicated, the patient is transferred
19 to the hospital emergency department. All 11 New
20 York City Health + Hospitals acute care facilities,
21 including Elmhurst Hospital, where CHS's female
22 patients primarily receive acute care, and Bellevue
23 Hospital, where CHS's male patients receive acute
24 care, are designated as SAFE Centers of Excellence by
25 the New York State Department of Health, meaning they

1
2 have specially trained Sexual Assault Response Teams
3 in each emergency room. On their return from the
4 hospital, patients are brought to the clinic to
5 ensure hospital recommendations are incorporated into
6 CHS treatment plans.

7 Establishing a relationship of trust between
8 provider and patient is paramount to our ability to
9 provide the best possible care, and part of building
10 that trust is ensuring zero tolerance of sexual
11 assault, abuse, and harassment. This work involves
12 every department and clinical service within CHS, and
13 we remain committed to working with all of our
14 stakeholders to prevent and address sexual abuse in
15 the jails, against both patients and staff. Thank
16 you.

17 CHAIRPERSON NURSE: Okay, thank you both for your
18 testimony. I'm going to ask about six or seven
19 questions and then we have some members who want to
20 ask. I want to recognize Council Member Sanchez who
21 is on Zoom, Cabàn, Narcisse, thanks for joining us.
22 I think I just want to start out Commissioner how
23 long have you worked within DOC for the record?

24 LYNELLE MAGINLEY-LIDDIE: I've been with the
25 Department since 2015, September of 2015.

1
2 CHAIRPERSON NURSE: Can I ask you, with all these
3 allegations and what you heard today, do you believe
4 that there's a problem at Rikers? Do you believe
5 these stories?

6 LYNELLE MAGINLEY-LIDDIE: I believe that we
7 really need to look into it. I do believe that
8 people have raised some serious concerns and I think
9 that as a department that we have to truly like lean
10 in and make sure that these concerns are addressed.
11 And part of it is also like just even screening
12 people before they come to work at the department.
13 Screening contractors, visitors, you know sitting
14 here and listening to it, it really, it is concerning
15 and as a department we have to really address these
16 issues. It can't be every time we say something on
17 the record and then we don't really do the work.

18 CHAIRPERSON NURSE: Yeah, but just to kind of get
19 to a yes or no, do you believe the women, the stories
20 that were told today?

21 LYNELLE MAGINLEY-LIDDIE: I believe what they're
22 saying yes.

23 CHAIRPERSON NURSE: Thank you for that because I
24 think that's really important and foundational for us
25 in how we're going to have this conversation today

1
2 because I think we're all aware that what the Council
3 has powers to do and what we don't have powers to do
4 and what we really can do is just bring you all here
5 to answer questions honestly, truthfully, and provide
6 as much information that you have that we don't have.
7 You know we don't work in this facility. We don't
8 hire folks there. We don't do the disciplinary
9 actions there. Everything that we have is based on
10 reporting that we have to come up in legislation or
11 from you all or from people who go through it. And
12 so, all we have is these kinds of moments to set the
13 record straight and try to get as much correct as
14 possible. So, it's really foundational that you
15 believe what you're hearing when women are coming and
16 taking time out of their day to share something so
17 painful. And for people to file 700 lawsuits, it's
18 really important so thank you for saying yes.

19 So, on the topic of investigations and
20 accountability, during our hearing in April on DOC's
21 grievance process, Assistant Commissioner Levine told
22 us that during a preliminary investigation into a
23 staff member, if the investigations division believes
24 it has a founded sexual abuse case, the department
25 can suspend staff members. Assistant Chief Rembert

1
2 added that depending on the nature of the allegations
3 a service member can also be placed on modified
4 status or removed from the facility where they are
5 currently working before a full investigation is
6 concluded. And I'd like to know a little bit more
7 about how these determinations are made. Can you
8 give us more detail on what is considered a founded
9 sexual abuse case, such that the department would
10 move ahead with the suspension or modify duty before
11 a full investigation is complete? What sort of
12 evidence of sexual abuse would need to exist for the
13 department to make that determination? Concretely
14 and as in pain staking detail as you can.

15 INGRIS MARTINEZ: Good morning.

16 CHAIRPERSON NURSE: Good morning.

17 INGRIS MARTINEZ: My name is Ingris Martinez. I
18 am the Deputy Director of Investigations for the PREA
19 unit. I first and foremost, I want to say that
20 hearing these stories today I am very glad to be part
21 of this team and thankful that these federal
22 standards are being adhered to and in place. I'm
23 sorry that this happened so long ago but in practice
24 putting PREA into practice will help. That we
25 diminish these types of stories.

1
2 Our investigations begin with an allegation. At
3 the time of an allegation, if staff is involved we
4 immediately send it out to DOI for clearance. There
5 is no delay beyond the - from the initial of the
6 complaint, immediate DOI clearance from minutes to up
7 to 24 hours and then take in by sending out
8 investigators onto the field to conduct interviews in
9 a confidential setting. I want to let the Council
10 know that our investigators conduct our interviews in
11 a compassionate method. We take our time. We ensure
12 that all the information is documented that one time,
13 not to revictimize our persons in custody, ensuring
14 that separation orders are put into place and that
15 mandated services are adhered to and continue with
16 supportive services.

17 CHAIRPERSON NURSE: Thank you. Can you - please
18 can we focus on what is considered a founded sexual
19 abuse case? How do you make that determination?

20 INGRIS MARTINEZ: So our determinations are based
21 on the federal standards. The federal standards for
22 unfounded is that we prove - the burden of proof is -
23 sorry, based on the preponderance of the evidence.
24 Unfounded means that we proved that it did not
25 happen.

1
2 CHAIRPERSON NURSE: Okay, so sorry, can you
3 restate that last part again?

4 INGRIS MARTINEZ: Okay, thank you. So, we're
5 saying that the unfounded based on the federal
6 standards definition using the preponderance of the
7 evidence, using our business records, using our
8 electronic monitoring services, we proved that it did
9 not occur. Your question earlier was about staffing
10 and how as far as discipline?

11 CHAIRPERSON NURSE: No, my question was just on
12 more detail on what is considered founded. My
13 preamble was a little bit about that but just wanted
14 to understand what is considered founded sexual abuse
15 in a case. I thank you for answering that question.
16 So, when it comes to making that determination, can
17 you suspend or modify a correction officer or
18 somebody who works their status until you've decided
19 if it's founded or not?

20 INGRIS MARTINEZ: So investigation can make the
21 determination. The investigation does not do it for
22 the department.

23 LYNELLE MAGINLEY-LIDDIE: Let me just clarify
24 that. So if there's an allegation and there is some
25 initial evidence presented, the department can

1
2 suspend right away at that point and time and can
3 modify that staff member pending the investigation.

4 CHAIRPERSON NURSE: And who makes that decision
5 in a meantime period?

6 LYNELLE MAGINLEY-LIDDIE: It can be because the
7 PREA unit, they do the initial based on the initial,
8 they can move forward with suspension modification
9 while the investigation is pending.

10 CHAIRPERSON NURSE: Okay, and so what kind of
11 evidence specifically? Thank you for answering that.
12 What kind of evidence specifically are you looking
13 for to make it a founded - determine if it's a
14 founded sexual abuse?

15 INGRIS MARTINEZ: So for founded investigations,
16 we use the preponderance of the evidence is mostly
17 based on business records, monitoring electronic
18 devices and we also are now able to file our own NYPD
19 complaints on behalf of the victims. We do the
20 collections. We are part of the chain of custody for
21 the collection of the sexual assault kits and based
22 on the determination that the OCME gives us, will
23 help us sway whether or not the incident is founded.

24 CHAIRPERSON NURSE: Okay, thank you. Thank you
25 that's helpful. As of July 1, 2024, the Department

1
2 reported that they had about 14 staff members
3 currently under investigation based on sexual abuse
4 allegations. Is this still the current number of
5 open investigations?

6 INGRIS MARTINEZ: I'm sorry, you said 14?

7 CHAIRPERSON NURSE: Yes.

8 INGRIS MARTINEZ: Okay, I'm familiar with the
9 number 14 but not of open investigations.

10 CHAIRPERSON NURSE: Well, how many open
11 investigations around sexual abuse allegations exist
12 right now within the Department?

13 INGRIS MARTINEZ: So, year to date for 2024, we
14 have 193 reported incidents. We currently have 88
15 pending.

16 CHAIRPERSON NURSE: 88 pending?

17 INGRIS MARTINEZ: Yes.

18 CHAIRPERSON NURSE: So they're open?

19 INGRIS MARTINEZ: Open yeah with the
20 understanding that based on the date that it's open,
21 it's a 90 day calendar.

22 CHAIRPERSON NURSE: Understood and so, in those
23 88, how many you said uhm - how many are over the 90
24 days?

1
2 INGRIS MARTINEZ: At this moment, we have four
3 over the 90 days and that's due to circumstances
4 including sexual assault kits, pending DA review, DOI
5 takeovers.

6 CHAIRPERSON NURSE: Okay, How many DOC staff
7 members accused of sexual abuse are currently
8 suspended or have been placed on modified duty as a
9 result of sexual abuse allegations?

10 INGRIS MARTINEZ: I don't have that information.
11 I would be glad to get it back to you.

12 LYNELLE MAGINLEY-LIDDIE: We'll get that to you
13 Chair.

14 CHAIRPERSON NURSE: Okay. This is a hearing on
15 sexual abuse, preventing sexual abuse at DOC, what
16 you are doing to prevent it. Knowing how many staff
17 members are currently suspended or on modified duty
18 is like a pretty basic question here. Hopefully we
19 can get that information before this hearing is over.

20 INGRIS MARTINEZ: I just want to clarify
21 something Council Member.

22 CHAIRPERSON NURSE: Yes.

23 INGRIS MARTINEZ: So, if you're mentioning staff,
24 so if there is something involving staff, we
25 absolutely include the Department of Investigation.

1
2 Your question today about this particular year to
3 date, I don't have any for this year. I can get you
4 disciplinary for the duration of previous
5 investigations and either closed or remain open.

6 CHAIRPERSON NURSE: Okay. I really hope we don't
7 have a hearing this kind of way. Like, we should
8 have some basic information here. During 2024, how
9 many correction officers have been fired or resigned
10 after investigation into sexual abuse?

11 LYNELLE MAGINLEY-LIDDIE: We don't have that.
12 So, Council Member, I don't have that but I'll get it
13 to you before this hearing closes.

14 CHAIRPERSON NURSE: Okay, I just want to like
15 note that you know we have young people here who are
16 looking at how our government is run. I mean, this
17 is some basic foundational shit right now. Uhm,
18 pursuant to standards set by the Board of Correction,
19 investigations of sexual abuse must be completed
20 within 90 days of receiving a complaint. In 2020 and
21 2021, all investigations were completed within that
22 timeframe. However, a recent analysis by Gothamist
23 found that the Sheriff investigations taking over 90
24 days to complete increased significantly from 23
25 percent in 2022 to 45 percent in 2023. Can you tell

1
2 us a little bit about what the delays are in
3 achieving the 90 day mark?

4 INGRIS MARTINEZ: So, first I want to reiterate
5 that we take every single allegation -

6 CHAIRPERSON NURSE: Understood. I understand
7 that but you don't have certain data here but I
8 understand that. So, I don't need to hear that again
9 please.

10 INGRIS MARTINEZ: So, for the PREA reportable
11 cases that are out in the public reports, the 45
12 percent increase in our delay were due to staff
13 leaving our department. After COVID, we also lost
14 management, the number of cases, the definition of
15 what was PREA reportable and not PREA reportable.
16 Basically it was over reporting. So, the
17 overreporting of the cases led to the Department
18 reviewing the policy, so anything incidental to the
19 scope of the officers duty was now not PREA
20 reportable. So, that's one of the reasons for the
21 decline in the reporting of PREA reportables. We've
22 also changed our processes. We've ensured that our
23 investigators conduct fuller, preliminary
24 investigations due to the high turnover rate of our
25 staff. It was kind of like we're passing down

1
2 minimal information back and forth to the next
3 investigator while they're still catching new cases.

4 Because we now do fuller investigations on the
5 preliminary level, we make better determinations of
6 what is reportable to the department. Ensure that
7 every single question is asked rather than resending
8 investigators out, overusing what minimal resources
9 and staff we have. Now with the preliminary
10 investigations being fuller, being able to make a
11 better determination, our numbers reported out for
12 incidents are lower.

13 CHAIRPERSON NURSE: So staffing, staffing issues
14 and do you -

15 LYNELLE MAGINLEY-LIDDIE: Sorry Chair, can I
16 just, just add to that? One of the issues at DOC is
17 we would have - if a staff member is out for an
18 extended period of time, we have to make - we have to
19 make some concessions and put things in place to
20 ensure that those cases are being looked at. So one
21 of the things that we did during this process is
22 identifying. If someone's out, their cases don't
23 just languish. They don't just stay there so we've
24 implemented a process where we have cross training
25 and we have redundancy where people are you know, I

1
2 will cover for you if you are on extended leave. So
3 that's - especially considering all of our staffing
4 challenges, we made sure that people were cross
5 trained and able to do both tasks at the same time.

6 CHAIRPERSON NURSE: Right and you have about I
7 think you said, 19 investigators?

8 LYNELLE MAGINLEY-LIDDIE: 19 investigators and
9 we're looking to onboard additional ones. Job
10 postings are up; we're interviewing trying to onboard
11 new people.

12 CHAIRPERSON NURSE: What's the ideal number of
13 investigators that would kind of help bring down this
14 caseload or help you move through the caseload
15 faster?

16 LYNELLE MAGINLEY-LIDDIE: I think we are looking
17 for 14 additional investigators, so I think that's
18 about the sweet spot that would assist us.

19 INGRIS MARTINEZ: That aligns with the Board of
20 Correction uhm -

21 CHAIRPERSON NURSE: Recommendation?

22 INGRIS MARTINEZ: Yes.

23 CHAIRPERSON NURSE: And just a question, what
24 does a fuller investigation mean?

1
2 INGRIS MARTINEZ: I'm sorry, fuller preliminary
3 investigations. So, basically considering taking all
4 the information; the one time, again not to
5 revictimize our persons in custody. Collecting all
6 the business records at one time where previously we
7 had the high volume of complaints but collecting
8 minimal information and kind of like leaving it for
9 the full investigation person to collect it. No,
10 we're not doing that anymore. We're holding our
11 supervisors, our PREA supervisors responsible that
12 every information, piece of information, every
13 business record is collected. We're doing reviews of
14 our video and telephone monitoring systems in the
15 beginning rather than waiting and then before the 90
16 hurry up. No, we're not doing that. We're doing
17 that from the beginning in order to manage and be
18 able to make better determinations for our reporting.

19 CHAIRPERSON NURSE: Understood. Okay, so I think
20 in the opening testimony you said there's - so
21 there's 19 investigators. They have a caseload of
22 about 25? Is that correct?

23 INGRIS MARTINEZ: I can, I can give you a further
24 breakdown. So, the 19 investigators right now,

1
2 everybody has dual roles. I mentioned the
3 preliminary investigators.

4 CHAIRPERSON NURSE: My question is about what's
5 the caseload per investigator?

6 INGRIS MARTINEZ: So, the investigators that go
7 out - all 19 investigators go out into the field. Of
8 those 19, 14 are available for full investigation.
9 So, we determine that it falls under the federal
10 standards, under the BOC minimum standards and
11 requires additional investigation or it falls under
12 the New York State Penal law 130 under sex crimes and
13 now we have to go file a police report. We have to
14 wait results for the sexual assault kit. So, those
15 type of cases are assigned just to those 14. The
16 remaining -

17 CHAIRPERSON NURSE: And how many cases do those
18 14 folks normally have?

19 INGRIS MARTINEZ: Remember it's a rotating basis
20 of 90 days is the PREA reportable for those type of
21 full investigators about 10 cases and in total
22 there's 25 because every single non-PREA reportable
23 case, those one time harassments type, they still
24 necessitate a full investigation. So, all the
25 background, all the business records, review of all

1
2 the video, review of all the telephone statement,
3 canvases, mandated services. So, we make sure that
4 we document everything completely, exactly the same
5 for both type of investigations. So, generally an
6 investigator will carry about 25 cases on a rotating
7 basis and remembering that only the 10 is for 90 days
8 and the remainder if for statute for administrative
9 charges for about 18 months.

10 CHAIRPERSON NURSE: Okay. How many positions in
11 the investigative division are filled by temporary
12 duty officers?

13 INGRIS MARTINEZ: So for my unit, from the
14 investigation division unit, we have officers 10 TDY
15 and then supervisors, we have 3 TDY but TDY in the
16 sense that I have 4 investigators that have been with
17 us for over 6 years and then the remaining 6, a
18 little less than 2 years and 6 permanent that have
19 been there 7 to 8 years. So, that makes up my
20 investigative staff. My supervisory staff, I have 6
21 supervisors, 2 that are permanent and 3 that are TDY
22 with less than 2 years with us and only 2 permanent.

23 CHAIRPERSON NURSE: Can you tell me what TDY is,
24 just for the record.

25 INGRIS MARTINEZ: Temporary Duty Assignment.

1
2 CHAIRPERSON NURSE: Alright.

3 INGRIS MARTINEZ: And that for us, it covers you
4 know like if they need to be transferred, any type of
5 the seniority lists. Their seniority number is based
6 on their facility, assigned facility rather than in
7 house.

8 CHAIRPERSON NURSE: Okay understood, just wanted
9 to know what the acronym was. Are there any
10 circumstances where a DOC captain will conduct a PREA
11 investigation?

12 INGRIS MARTINEZ: So within the investigation
13 division, we have captains that are in the role of
14 supervisors. I'm not sure of the question - are you
15 mentioning facility based or PREA?

16 CHAIRPERSON NURSE: If there are any
17 circumstances in which a DOC captain would conduct a
18 PREA investigation.

19 INGRIS MARTINEZ: All investigations of PREA
20 incidents are confidential. We do not use facility
21 staff to conduct any type of statements, collection
22 review. The only time they're in any type of process
23 is retrieving the documents and ensuring that they
24 get escorted to the clinic. Or as a mandated
25 reporter, as part of the coordinated response, if

1
2 they were the first responder, they have to submit
3 reports to us. That's it.

4 CHAIRPERSON NURSE: Okay.

5 JAMES CONROY: Chair Nurse, I'm sorry. Just
6 before circling back on something earlier, General
7 Counsel James Conroy. We did have in fact some of
8 the stats regarding the discipline outcomes.

9 CHAIRPERSON NURSE: Great.

10 JAMES CONROY: So we currently have in this year,
11 in 2024, 5 cases that were either still open or
12 pending. Some of that is carry over from allegations
13 from 2023. One is related to a staff on PIC abuse.
14 It was an inappropriate touching, non-PREA
15 reportable. That captain was suspended for 30 days
16 and I think the final charges are pending.

17 With respect to staff inefficient duties during
18 PIC on PIC incidents, we have 3 that are still open
19 and 1 that was a deferred prosecution with a
20 resignation.

21 CHAIRPERSON NURSE: Good, thank you for that.

22 JAMES CONROY: Thank you.

23 CHAIRPERSON NURSE: My last question before I
24 turn it over, uhm, when DOC conducts investigations
25 into allegations of sexual abuse, the substantiation

1
2 rate of those investigations falls below national
3 averages. Since 2015, just one half of one percent
4 of the PREA reportable sexual abuse allegations made
5 against correction staff were deemed substantiated,
6 representing 7 of nearly 1,500 allegations. For
7 allegations of sexual abuse made against other people
8 in custody, the substantiation rate was 3.4 percent
9 in 2023. Both of those rates fall far below the
10 national average which is about 6 percent. Can you
11 talk a little bit about what you attribute your low
12 substantiation rates to?

13 INGRIS MARTINEZ: Thank you for the question
14 Council Member. So, I mentioned earlier about the
15 methods and what substantiation means. So,
16 substantiation, our preponderance of the evidence is
17 mostly based on video monitoring devices or those
18 cases that go to the DA's Office based on DNA kits so
19 on and so forth. What I want to share is that for
20 calendar year 2024, we have 7 substantiated PIC on
21 PIC, sorry. Excuse me, Person in Custody and Person
22 in Custody sexual abuse cases and the one
23 substantiated case for staff on person in custody,
24 that was nonsexual. The substantiated rates as

1
2 published in the DOJ. We appear to align currently
3 with the 5 percent.

4 CHAIRPERSON NURSE: Okay, thank you.

5 LYNELLE MAGINLEY-LIDDIE: And I just want to add
6 also, if there's an allegation involving a staff
7 member, that allegation is initially forwarded to DOI
8 and they are making a determination as to whether or
9 not to proceed with the investigation or for us to
10 stand down. And individuals in custody have other
11 ways to report sexual abuse, sexual assault. They
12 can go directly to some of these organizations and
13 external oversights that we are not necessarily privy
14 too. So, I just, you know just want to include that
15 information as well.

16 CHAIRPERSON NURSE: So, thank you for sharing
17 that. It's good to know that we're getting closer to
18 the national average but is there - what else besides
19 what you've mentioned today, the additional methods
20 that are your implementing the staffing. Beyond
21 that, is there anything else in the way of you being
22 on par with the rest of the nation in terms of the
23 substantiation rate?

24 LYNELLE MAGINLEY-LIDDIE: Well, I think one of
25 the key things for us is additional training. We've

1
2 definitely revamped our training and Dr. Johnson can
3 speak to that but I think it's important, even from
4 the onset, we're doing the required screening. We're
5 doing the required vetting and we're also looking at
6 everyone who enters our facilities, staff, also
7 contractors, visitors, anyone entering our
8 facilities. The key here I think is really about
9 training and also, implementing a system where we can
10 track these complaints, track the outcomes and that's
11 what we've done with our case builder. That's fairly
12 new that we're rolling out and we're looking to sort
13 of make the necessary tweaks but it's really having
14 adequate data and understanding what's going on. And
15 I could tell you - you know with the department,
16 there are multiple databases for information and case
17 builder is going to allow us to be more efficient and
18 that we can share and track information
19 departmentwide as an agency and there's transparency.

20 CHAIRPERSON NURSE: Okay, thank you for that. I
21 want to recognize Council Member Hanif on Zoom and
22 I'm going to open up to members. We've got Marte,
23 Stevens, Cabàn, Rivera and Narcisse. So, I'm going
24 to turn it over to Council Member Marte.

1
2 COUNCIL MEMBER MARTE: Thank you Chair Nurse and
3 before I begin my questioning, I really want to thank
4 the four women who are here. Thank you for your
5 courage. Thank you for your power. It speaks
6 volumes and it definitely had an effect on all of us
7 here today and every one that's listening. So, thank
8 you. I also want to thank the students for being
9 here. You're seeing how government works and
10 sometimes how it doesn't work and that's really
11 powerful for you to see because you guys are going to
12 change the world next and it's great that you have
13 the opportunity to see how the system works
14 internally. So, thank you for being present and
15 thank you for you know being open to growth and
16 giving up your day to be here.

17 And for the panelists, in response to the
18 recommendations made by the Board of Corrections, the
19 department sent PREA investigators to the NYPD
20 Special Victim course, where they receive specialized
21 training on investigating sexually based allegation.
22 Have all current PREA investigators received this
23 training?

24 INGRIS MARTINEZ: Thank you for that question
25 Council Member. So, that was back in 2018. We did

1
2 have all of our investigators attend NYPD Criminal
3 Investigation Course and sorry, the Special Victims
4 Course, however, due to high turnover rates, those
5 investigators that may have received that training
6 are no longer here. We are working with our partners
7 and NYPD to secure spacing and seats in the upcoming
8 training.

9 COUNCIL MEMBER MARTE: When was the last time you
10 made that request to NYPD to have your current PREA
11 investigators to receive this training?

12 INGRID MARTINEZ: As of this week and last week.

13 COUNCIL MEMBER MARTE: Okay. Can you give us a
14 little background on what this training entails and
15 how long is it?

16 INGRID MARTINEZ: So, off the top of my head,
17 I've attended these trainings many years ago. I've
18 been with the Department 18 years, so please excuse
19 me. So, uhm, if - I'm not really sure. I don't want
20 to speak - they might have changed the timing, the
21 length of the trainings. I can have someone look
22 into it for you.

23 COUNCIL MEMBER MARTE: Do you think it's best
24 practice for these investigators where they received
25 it previously in 2018 or not, have refresher

1
2 trainings on an annual basis at least to make sure
3 that we have the best practice moving forward?

4 LYNELLE MAGINLEY-LIDDIE: Yes, I agree on
5 training, refresher training and I believe the unit
6 just did a refresher training in May.

7 INGRIS MARTINEZ: Correct, internal yes.

8 LYNELLE MAGINLEY-LIDDIE: So, I agree that
9 training is a serious and important component here
10 and in fact, I've also reached out to external
11 partners. We've secured a spot with the bureau of
12 justice assistance. There's a 14 week PREA training
13 academy that they're rolling out, its inaugural and
14 we have a seat at that table. I agree with you and
15 that's something that we're constantly seeking out
16 training opportunities because that is key. And Dr.
17 Johnson, I don't know if you want to just come up and
18 address that training question so that Council Member
19 Marte is aware of what we're doing in terms of
20 training.

21 JEREMIAH JOHNSON: Good morning. My name is
22 Jeremiah Johnson. I serve as the Acting Deputy
23 Commissioner of Training and Development at DOC. I'm
24 over at the Correction Academy and within our
25 portfolio is the PREA training for all volunteers,

1
2 contractors and staff, whether full time or part
3 time, both the initial and the refresher training.
4 So, we implemented the PREA training in 2016. It was
5 revised as recently as 2023 and this initial training
6 is a half day. It familiarizes learners with the
7 PREA legislation and the Department directive. It
8 dispels common myths about sexual assault and
9 harassment, defines key terminology and establishes
10 respectful language. It teaches how to identify
11 vulnerable individuals in our jails. It provides
12 strategies for preventing sexual abuse and
13 harassment, emphasizes zero tolerance and the duty to
14 report, and also lays out reporting procedures and
15 protections for retaliation.

16 I believe it's also note worthy to mention that
17 all of our staff in response to the 2018 Local Law
18 92, participate in these DCAS sexual harassment
19 prevention training for the last compliance training
20 period. The Department of Correction achieved a 96
21 percent compliance rate for that training and
22 Commissioner Maginley-Liddie and I are committed to
23 achieving 100 percent for the next compliance period,
24 which concludes in August of 2025.

1
2 COUNCIL MEMBER MARTE: Thank you. The Department
3 also previously sent PREA investigators to a forensic
4 experimental trauma interview training designed to
5 teach interviewers how to maximize opportunities for
6 information collection during an interview. Have all
7 current PREA investigators received this training?

8 INGRIS MARTINEZ: No, not everyone has received
9 that training.

10 COUNCIL MEMBER MARTE: Are there plans for
11 everyone to receive that training?

12 INGRIS MARTINEZ: We are exploring different
13 agencies to procure some type of training.

14 COUNCIL MEMBER MARTE: Okay just a few more
15 questions Chair.

16 CHAIRPERSON NURSE: Yup.

17 COUNCIL MEMBER MARTE: In April 2019, the Board
18 of Corrections published an audit of DOC's handling
19 of sexual assaults and sexual harassment reports,
20 expressing concerns that interviews are not always
21 carried out with alleged victims and alleged
22 perpetrators, and that when interviews are conducted,
23 they're not always in private and confidential
24 location. How has the Department changed its
25 investigation practices since 2019?

1
2 INGRIS MARTINEZ: Thank you for that question, so
3 since 2019, I mentioned earlier we have changed our
4 processes as far as maintaining the integrity of the
5 investigation by interviewing the person, the victims
6 one time. Where previously, 2017-2018, the high call
7 volume of complaints, it was we dispatch our
8 investigators, they come back. He didn't want to
9 talk; she didn't want to talk and then it gets
10 reported out and that was a full case. Now you have
11 another pair of investigators going out to then
12 reinterview. Again, our aim is not to revictimize
13 our persons in custody. We collect all our business
14 records from the beginning, where before, it was oh,
15 we'll pick it up when it's a full investigation or
16 whoever it's assigned to. We no longer use that
17 practice. We hold our PREA supervisors responsible
18 for when these dispatches are being done on a
19 complaint level to ensure that all business records
20 are collected, are documented, so that we don't have
21 that delay that first we're reporting incidents that
22 did not necessitate to be reported because it was in
23 the scope of the officers duties for example but we
24 didn't get that full interview.

1
2 COUNCIL MEMBER MARTE: Where are these interviews
3 located?

4 INGRIS MARTINEZ: So, currently based on the
5 layout of the different facilities, our investigators
6 when they respond to the facilities considering
7 situational awareness, they look into the housing
8 area perhaps the housing area may have an interview
9 room. If it doesn't have an interview room, we have
10 to take into consideration the feel of the housing
11 area. You know uhm prior incidents of persons in
12 that housing area. We may speak to the officer and
13 say you know how many do you have today? Perhaps
14 they use a day room but now we're disrupting minimum
15 standards for those persons in the day room.

16 We take into consideration all our situational
17 awareness. There are times that our victims are
18 already at the clinic, so we'll take advantage of
19 interviewing them in the clinic and not in the
20 housing area.

21 LYNELLE MAGINLEY-LIDDIE: The goal is when
22 conducting these interviews is define the space
23 appropriate to have that conversation with the
24 individual in custody.
25

1
2 COUNCIL MEMBER MARTE: And how do you protect
3 these witnesses or complainers from retaliation?
4 Because I think where you conduct those interviews
5 and how you conduct those interviews and whose
6 present in those interviews can make someone feel
7 safe and protected from retaliation. What other
8 measures are in place to make sure that people don't
9 speak up and have to live with that fear?

10 LYNELLE MAGINLEY-LIDDIE: So, one of the things
11 that's done for sure at the beginning, when we
12 receive the allegation, the individual is removed
13 from the perpetrator, the victim and so they are
14 separated. They're provided with services but we
15 also monitor those cases for 90 days right to ensure
16 that there's no retaliation. Our PREA compliance
17 unit tracks those cases to ensure that the individual
18 is not further victimized or they're retaliated
19 against because of that allegation. So, that work is
20 ongoing and if the victim reaches out to us, then we
21 follow up and do a further investigation if there's
22 an incident of retaliation.

23 COUNCIL MEMBER MARTE: And post those 90 days,
24 what other measures that they have in place to be
25 able to communicate within a protective criteria?

1
2 LYNELLE MAGINLEY-LIDDIE: Well, it's the same
3 measures that are in place. You know the information
4 is stenciled throughout our facilities. They can
5 utilize. They can contact DOC. They can talk to an
6 officer or a civilian staff member that's in their
7 housing area. If they need additional assistance,
8 they can contact 311. You know those measures are
9 still in place and it's not removed from them as they
10 go through the process of being incarcerated in our
11 care.

12 COUNCIL MEMBER MARTE: Yeah, and you previously
13 mentioned that sometimes you work with witnesses to
14 transfer them to other locations, whether it's within
15 the facility. Whether its in the clinic or some
16 other type of housing accommodation, what determines
17 that movement or that transfer and how do you make
18 those decisions to make sure that person is safe?

19 INGRIS MARTINEZ: Okay so first for every victim
20 we generate separation orders from their aggressor.
21 Regardless if the aggressor is identified as another
22 person in custody or staff member. As far as housing
23 decisions, we also take into consideration from the
24 beginning of their incarceration from them entering
25 into intake or we use our screening tool for housing

1 decisions and that's also for their vulnerability.

2 But during the investigation only based on the
3 separation order is that we submit that to the
4 facility and we personally do not make housing
5 decisions but at our level is sent out to custody
6 management.
7

8 COUNCIL MEMBER MARTE: Okay, thank you Chair.

9 CHAIRPERSON NURSE: Thank you Council Member
10 Marte. Council Member Stevens.

11 COUNCIL MEMBER STEVENS: Good morning. You know
12 I have a couple questions but I just want to make a
13 statement because this has been a rough week for me
14 because I also Chair Children and Youth and I'm sure
15 folks know that in the juvenile detention we have a
16 lawsuit open, a class action lawsuit with over 100
17 people who have been sexually assaulted. At a
18 roundtable, foster care youth this week where they
19 talked about how that system has been a place where
20 they've been sex trafficked and now I'm sitting here
21 and this is - it seems like it's an epidemic and so,
22 the reality is like, I'm like drained because this to
23 me is like unacceptable and needs to be a priority
24 for everyone and even to hear like, you know coming
25 in and not having the answers, it feels like you know

1
2 it's a problem but it's like, is it really a problem.
3 So, I'm just having a hard time with a lot of it and
4 especially with like women sitting across. Like the
5 urgency of like making sure this isn't happening is
6 like urgent and it's not acceptable and I'm just, I'm
7 struggling a little bit. It's too much and this is a
8 place where people are supposed to be getting
9 rehabilitated and we are retraumatizing them, and so,
10 we are not doing our jobs, none of us. Everybody in
11 this room on our side and your side are failing
12 because whatever we're implementing is not being -
13 whatever we're putting in place here, isn't being
14 implemented and so we're trying on this side and this
15 side and like this division of like, oh we're doing
16 our best. We all need to take blame for it so we can
17 move forward and that's where it needs to start from
18 because if young people are being sexually assaulted
19 in a juvenile center and then they're ending up in
20 Rikers, like what are we doing and saying what's
21 happening in the streets. It's all a reflection.
22 So, it's not separate or different, we're just not
23 doing our jobs well enough and this has to be
24 priority. Like honestly like we are retraumatizing
25 people. And I'm going to start with some questions

1
2 because even the people who are working there aren't
3 feeling safe, which is like - what is like it doesn't
4 make sense.

5 So, correction officers themselves, they're often
6 victims of sexual assault and harassment while on the
7 job. What protective measures does DOC take to keep
8 the work place safe?

9 NED MCCORMICK: Good morning Chair, Council
10 Member, my name is Ned McCormick and I am the
11 Associate Commissioner of Facility Operations and I
12 also oversee the Correctional Intelligence Bureau and
13 could you just repeat the question please?

14 COUNCIL MEMBER STEVENS: The basic question is
15 what are you guys doing to keep your staff safe from
16 sexual assault?

17 NED MCCORMICK: Appreciate the question. So, at
18 Department of Correction, to keep the staff safe we
19 offer them initial training, which is the situational
20 awareness and it gives them a sense of always being
21 on guard and to know their surrounding as well in the
22 correctional facilities. In addition to that, we
23 have the care unit that speaks with the staff on a
24 regular basis and ultimately it reminds them about
25 what resources are available for them and ultimately

1
2 to keep them safe we conduct training. There's a
3 whole I guess model of training that goes through
4 DCAS. These employees have mandatory training to
5 include the sexual harassment training.

6 COUNCIL MEMBER STEVENS: So, you you're just
7 still out of training. Like, so what are some of the
8 health treatments or things that you're doing like if
9 that does happen to a staff member?

10 NED MCCORMICK: If a staff member is assaulted,
11 they report that to their immediate supervisor who in
12 turn will call the tour commander and it's basically
13 reporting to a central operational desk. Upon it
14 being reported to a central operational desk, CIB is
15 notified and an investigator is dispatched to take a
16 preliminary statement from that employee. Once all
17 the evidence is collected to include video evidence,
18 witness statements, it is then turned over to the
19 DA's office for review to determine if they're going
20 to pursue an actual arrest.

21 COUNCIL MEMBER STEVENS: And what services are
22 provided to the person? Because I hear like there's
23 obviously there's a procedure right? Because we have
24 to write that down.

25 NED MCCORMICK: Yes ma'am.

1
2 COUNCIL MEMBER STEVENS: But I'm your staff
3 member, if this happens to me, that's like - well,
4 because I want to hear like how also how you're like
5 this is traumatizing right? Like, what happened?
6 What mental services are available? Do they get time
7 off? Like what does this look like?

8 LYNELLE MAGINLEY-LIDDIE: So, I can tell you that
9 there's more work for us to do here, right? With the
10 care unit, the care unit they're veteran officers,
11 their peers and they're veteran correction officers
12 throughout the facilities. So, people are aware of
13 who they are.

14 COUNCIL MEMBER STEVENS: And I have a question.
15 You started off that there's more work for us to do
16 here, so then what are you doing then? Because like
17 you're at the head of it and so, tell me what you're
18 doing. Don't just tell me there's more work to do.

19 LYNELLE MAGINLEY-LIDDIE: I am actually looking
20 into additional programs, you know additional
21 trainings, especially for the care unit. Because
22 part of the thing is the care unit, there are veteran
23 officers. They dispatch, they go out and talk to
24 their colleagues but they also need the adequate
25

1
2 trainings as well. So, right now, we're looking at
3 exploring additional training for them.

4 COUNCIL MEMBER STEVENS: Do you have an idea of
5 what those trainings would look like and where they
6 are? Like if you're saying that this is something
7 you're looking into, do you have the trainings?
8 You've already been researching? Have you been
9 looking into it?

10 LYNELLE MAGINLEY-LIDDIE: Dr. Johnson can talk a
11 little more on that because right now they have -
12 they're trained on trauma informed suicide prevention
13 but they need additional training, so-

14 COUNCIL MEMBER STEVENS: But where would that
15 come from? Is it that you need additional funding?
16 Like, why hasn't it been implemented? Like, what is
17 the sense of urgency around that?

18 LYNELLE MAGINLEY-LIDDIE: It is a sense of
19 urgency and we're looking at it right now. I'll turn
20 over to -

21 COUNCIL MEMBER STEVENS: When did you start
22 looking at it?

23 LYNELLE MAGINLEY-LIDDIE: Months ago, even before
24 I became Commissioner to be honest because the
25 reality is we have a lot of things that happen. Our

1
2 staff are also facing traumatic events on a daily
3 basis and you know -

4 COUNCIL MEMBER STEVENS: How many people work in
5 the CARES unit?

6 LYNELLE MAGINLEY-LIDDIE: It's approximately I
7 believe ten individuals in the care unit. We're also
8 looking to even staff it up some more but I'll turn
9 it over to Dr. Johnson to talk about some of the
10 things that we are looking at.

11 COUNCIL MEMBER STEVENS: So, even before you
12 start it up, I have some more questions. What's the
13 timeline on - you said you were looking at this even
14 before you became Commissioner, so what's the
15 timeline on getting these things that you say that
16 they need, the additional training implemented?

17 LYNELLE MAGINLEY-LIDDIE: It's as soon as
18 possible.

19 COUNCIL MEMBER STEVENS: So then what does that
20 mean? Because you've been here how long?

21 LYNELLE MAGINLEY-LIDDIE: Ten months as
22 Commissioner.

23 COUNCIL MEMBER STEVENS: So then as soon as
24 possible. What does that look like in your timeline?
25 Like I'm asking for like concrete like time, so you

1
2 think in the next three months, four months, another
3 year? Like what - and like ideally what would that
4 look like for you?

5 LYNELLE MAGINLEY-LIDDIE: Actually in the coming
6 months, I hope by the beginning of the year we'll
7 have something solidified. Trust me when I tell you,
8 this is of extreme importance for me.

9 COUNCIL MEMBER STEVENS: I'm not doubting that
10 its of extreme importance. I'm just trying to get to
11 the place of like, what are the timelines so we can
12 hold you accountable. So, when you're being lucid as
13 if saying like, oh, in a few months. When we come
14 back to you, you could still be like oh well we're
15 still working on it.

16 LYNELLE MAGINLEY-LIDDIE: I don't need to be held
17 accountable. I'm going to -

18 COUNCIL MEMBER STEVENS: Actually, no actually
19 you do because our job is to hold you accountable.

20 LYNELLE MAGINLEY-LIDDIE: No but I'm telling you
21 that this is of extreme importance for the Department
22 and for me personally and we're going to do it. I'm
23 happy to share the information once we've solidified
24 it and provide it to you but it is of extreme

1
2 importance that the staff feel safe and that there's
3 holistic safety throughout our jails.

4 COUNCIL MEMBER STEVENS: Again, it is our job as
5 Council and you could look it up in the Charter to
6 have oversight and hold the agencies accountable.
7 And so, that is why I'm asking for more concrete
8 lines and not just saying in a few months and being
9 lucid and you can't tell me that like oh, it is of
10 extreme importance because if it was extreme
11 importance and I was in a hearing, I would have a
12 timeline and I would have come with a timeline. Like
13 this is what I'm looking to implement in the next six
14 months. This is what I'm looking to implement in the
15 next year and not come and tell me that it is of
16 extreme importance and I'm going to do it. Because I
17 would have come in ready for the work and we could
18 have had more of a strategy conversation about how do
19 we work together. That's why I'm asking you -

20 LYNELLE MAGINLEY-LIDDIE: We could still have a
21 strategy conversation.

22 COUNCIL MEMBER STEVENS: But you're being lucid
23 about it. Look I'm going to continue with my
24 questions. So, I know you wanted to turn it over to

1
2 LYNELLE MAGINLEY-LIDDIE: Dr. Johnson has been
3 working directly with the Executive Director of the
4 CARE unit on this training, that's why I'm turning it
5 over to him.

6 JEREMIAH JOHNSON: Good morning Council Member.
7 So peer support is an evidence based model that's
8 shown to be effective across industries. I would say
9 that for law enforcement it is a unique context and
10 because of the stigma of pursuing support and mental
11 health resources, it has been slower to develop. So,
12 there are national training programs for peer support
13 but I would say law enforcement is a little bit
14 behind the curve when it comes to adopting these
15 programs and actually having dedicated staff to peer
16 support.

17 So, as the Commissioner said, there is the CARE
18 unit. We dedicated officers, veteran officers that
19 respond to these incidents but I've been working
20 collaboratively with Director Osborne to identify a
21 training program.

22 COUNCIL MEMBER STEVENS: Have you not identified
23 it?

24 JEREMIAH JOHNSON: I've made recommendations to
25 Director Osborne, yes.

1
2 COUNCIL MEMBER STEVENS: You have the
3 recommendations in what you recommended?

4 JEREMIAH JOHNSON: So like I said, there is a
5 national organization of peer support.

6 COUNCIL MEMBER STEVENS: And is that what you're
7 recommending for them to go through those trainings?
8 I'm just - I'm sorry and you guys keep saying that
9 it's up high in importance but the information seems
10 very lucid. My staff is a priority for me because
11 the work that they do is a reflection of me, so I
12 would literally come in here with a plan. Like, oh,
13 these are the ones we looked at. This is what we're
14 looking to get into and I'm not even talking about
15 the folks who are incarcerated. We're talking about
16 your staff. And so for me, it's just like I'm asking
17 real questions, like do you have the ones that you're
18 recommending? Have you looked into and it's very
19 lucid. Do you have a name of the program that you
20 guys have looked into? You're saying it's the
21 National Institute. What's the name of it? Have
22 other people been there? Like I'm just trying to get
23 what the program is?

24 JEREMIAH JOHNSON: Sure, I can provide that
25 information to you at a later date.

1
2 COUNCIL MEMBER STEVENS: Are you going to send it
3 to us? Are you going to have it now? Like -

4 JEREMIAH JOHNSON: I can send it to you.

5 COUNCIL MEMBER STEVENS: I'm going to move on
6 from the question and if you guys can send over a
7 breakdown of the programs that you're looking into to
8 help the peer officers in CARES do this work? What
9 the trainings are. What the expansion of this looks
10 like because you said you have ten officers. What
11 does the expansion look like in the next six months?
12 What the turnover looks like because like this is
13 your staff. You would think this would be of top
14 priority and I'm sure you're working on it but it
15 doesn't seem like you want to share with us.

16 JEREMIAH JOHNSON: So, I may have misunderstood
17 your question Council Member in that we are working
18 on resiliency training for all staff. This is an
19 initiative that would involve both members of care
20 and academy staff that would through desert waters,
21 essentially deliver resilience training. But I
22 understood your question to be about peer support
23 training specifically for the members of care. So,
24 we are looking to roll out train the trainer
25 programming through desert waters as early as the

1
2 first two weeks of December. And again, that's
3 resiliency training that both academy instructors and
4 care members would be qualified to deliver to staff
5 across Rikers Island.

6 COUNCIL MEMBER STEVENS: So, your first round of
7 trainings, new trainings that you're implementing is
8 in December?

9 JEREMIAH JOHNSON: So, this is the train the
10 trainer model, yes.

11 COUNCIL MEMBER STEVENS: In December?

12 JEREMIAH JOHNSON: Yes, the first half of
13 December.

14 COUNCIL MEMBER STEVENS: So, how many people do
15 you plan to have in that training?

16 JEREMIAH JOHNSON: It would be 20 people.

17 COUNCIL MEMBER STEVENS: I would definitely - I
18 have a lot more follow up questions with that but I
19 have a couple more questions if you want me to just
20 get through it. In 2018, the Department testified
21 that in order to be successfully implemented all the
22 PRE standards is by DOJ certified review would be
23 conducted on facility, by facility based until all
24 the facilities are deemed PRE compliant. Are the
25

1
2 audits complete in all the facilities currently PREA
3 compliant?

4 LYNELLE MAGINLEY-LIDDIE: No they are not. So,
5 that work was started but was never completed, so we
6 are working. Right now we have identified an auditor
7 who is DOJ certified. We identified that individual
8 this past summer. We're working on the procurement.
9 My understanding the procurement is near final and
10 we're going to start with the auditing two facilities
11 and the remaining facilities will be audited by the
12 auditor.

13 COUNCIL MEMBER STEVENS: I'm going to let you
14 slide on that one because once you said procurement,
15 I know the process for that and I know it's a hot
16 mess, so I get why it didn't happen because
17 procurement takes a really long time.

18 JAMES CONROY: Council Member, I oversee the
19 procurement unit and I am ensuring that this will be
20 done by early next week. This is where we are in the
21 procurement process, so we could begin the work very
22 shortly immediately after that.

23 COUNCIL MEMBER STEVENS: One time you get a pass
24 because I just said I know the process.

25 JAMES CONROY: I'm sorry, I can't hear you.

1
2 COUNCIL MEMBER STEVENS: I said, I know how hard
3 that procurement process is, so I get that piece.
4 Cameras are essential for both the detection and
5 investigation of sexual abuse. Sexual abuse tends to
6 occur in small, enclosed areas where people in
7 custody are not expected to be, such as storage
8 closets, laundry rooms, slop sink areas. During the
9 2018 Council hearing, the legal aid testified that
10 recommended that body cameras should be required
11 whenever staff is alone with the person outside of
12 the view of fixed cameras. Will the department
13 implement this recommendation, if not why?

14 LYNELLE MAGINLEY-LIDDIE: So, this past May we
15 had an incident with our body worn camera where one
16 actually exploded. As a result, I actually
17 temporarily removed them offline. We looked at all
18 the body worn cameras and ultimately the decision is
19 we're purchasing body worn cameras for all staff, so
20 they will be required to wear it on their person. We
21 are in the process of procuring them and I believe we
22 should have them by December, all the body worn
23 cameras. We currently have some in place right now,
24 I believe it's over 900 throughout some of our
25 facilities but the goal is for everyone to wear a

1
2 body worn camera on their uniform when they come to
3 work.

4 COUNCIL MEMBER STEVENS: So by December you think
5 that you'll be able to have that recommendation in?

6 LYNELLE MAGINLEY-LIDDIE: Yes.

7 COUNCIL MEMBER STEVENS: DOI had recommended that
8 the gel camera coverage be enhanced to corrected for
9 blind spot and extended to cover janitor closets and
10 other closet rooms that officers are assessed with
11 such as assist with persons in custody. They also
12 recommend that DOI should retain footage from each
13 camera for one year. Have all those recommendations
14 been implemented?

15 LYNELLE MAGINLEY-LIDDIE: It does not sound that
16 way because we don't have our retention policies 90
17 days. So, that was not, all the recommendations have
18 not been accepted. I'll take a look at those
19 recommendations. That's from a 2018 report?

20 COUNCIL MEMBER STEVENS: Yes.

21 LYNELLE MAGINLEY-LIDDIE: Okay.

22 COUNCIL MEMBER STEVENS: In 2019 due to the BOC
23 mandate of the department began a pilot program to
24 put cameras into transport vehicles. What was the
25 departments evaluation of this pilot project? Has

1
2 the department now installed cameras on the vehicles
3 used to transport people in custody? If not, why?

4 NED MCCORMICK: So, to answer that question
5 Council Member, yes. Our transportation vehicles do
6 have cameras. Not all of them but there are cameras
7 fixed to our transportation vehicles.

8 COUNCIL MEMBER STEVENS: What was the result of
9 the pilot program? Did you deem it successful? Did
10 you think that it was helpful and if it was, is the
11 plan to implement the cameras in all of the cars
12 moving forward? Is that something you guys are
13 working on?

14 LYNELLE MAGINLEY-LIDDIE: We'd have to look into
15 what were the results of the pilot but ultimately we
16 agree with having cameras on buses when people are
17 being transported to and from Rikers Island.

18 COUNCIL MEMBER STEVENS: I think those are all
19 the questions I have and I just want to say again
20 like, for me, this has been a really tough week for
21 the lack of failure on our part and I say our because
22 we're all in this together and of how we're not
23 keeping people safe and that's a problem for me. And
24 the same way you say that you take it serious, I take
25 it extremely serious. So, we're all on the same page

1
2 and we're not enemies and so when we're asking
3 questions, this is not about a got you for me. It
4 might be for other people but for me I'm asking the
5 questions because I'm trying to be helpful and think
6 about how to work together because I'm about the work
7 and not just sitting here talking and looking for
8 viral moments. I am looking to do the work to help
9 the people who are most vulnerable, so I just want to
10 make sure that is on the record. Thank you.

11 LYNELLE MAGINLEY-LIDDIE: And I'm happy to work
12 with you on this.

13 CHAIRPERSON NURSE: Thank you Council Member
14 Stevens and I think your line of questioning is 100
15 percent appropriate. I mean we were here in April
16 when we had a grievance hearing, we asked
17 specifically how you were reforming it. You said you
18 were doing an audit. We've asked every single time
19 since when will the audit be complete? When will
20 there be some initial recommendations on how you're
21 changing things? Like every single time we've come
22 back we've asked and we've never gotten an answer.
23 We were told oh, in a few months, which is what you
24 just told Council Member Stevens, in a few months and
25 we've never gotten anything back in follow up, in

1
2 written format, and so, it's not just that you know
3 the Council Member is pressing because of the nature
4 of this topic. It's because we continue to not get
5 definitive answers and a definitive timeline which
6 let's us know that we don't know what the hell is
7 going on over there. Like we just don't know like is
8 it in anybody's work plan? Who is responsible
9 specifically to carry it over the finish line? When
10 will we ever get an initial understanding of what is
11 going on? It's very, very challenging and
12 frustrating for us and that's why you get this level
13 of frustration coming at you. So, I do underscore
14 that is all on us but we can only work together and
15 collaborate when you communicate properly to us in an
16 effective way. Council Member Cabàn.

17 COUNCIL MEMBER CABÀN: Thank you. I want to go
18 back to a line of questioning that the Chair did
19 earlier, specifically around substantiation. So, you
20 talked about founded and unfounded investigations.
21 You said that the standard of evidence to
22 substantiate a claim is the preponderance of
23 evidence. Just for the record, for the public, for
24 the people that are listening, what is the definition
25 of preponderance of evidence?

1
2 INGRIS MARTINEZ: Okay so the preponderance of
3 the evidence is technically weighing out all the
4 information in front of us and if the people behind
5 me if I'm trying to show them if you use a scale and
6 it just tips over to 51 percent.

7 COUNCIL MEMBER CABÀN: That's right, so in other
8 words a preponderance of the evidence equals that
9 it's a demonstration that the proposition is more
10 likely than not, a cent over 50 percent. Now, you
11 also talked about unfounded claims and the number of
12 unfounded claims that you have and you said if you
13 defined unfounded as proving it did not occur. What
14 is the level of proof you are using for unfounded
15 claims?

16 INGRIS MARTINEZ: Based on the federal standards,
17 it is the same. Based on the preponderance of the
18 evidence, however, we're using monitoring devices so
19 for example if a victim claims that said personnel on
20 set date, then we go back and look at the business
21 records and proof that that person was not there.

22 COUNCIL MEMBER CABÀN: Okay, I want to also -
23 that's perfect because I want to go into the evidence
24 that you're looking at. You said the main sources of
25

1
2 evidence that you're looking at are video monitoring
3 and DNA testing correct?

4 INGRIS MARTINEZ: Well, electronic monitoring
5 includes telephone statements as well.

6 COUNCIL MEMBER CABÀN: Okay, so you're relying a
7 lot on these types. Now, are you aware that the
8 legal standard across both civil and criminal
9 investigations in proceedings is that individual
10 testimony alone, absent DNA testing, absent video
11 evidence, is enough to reach the level of proof
12 beyond a reasonable doubt.

13 INGRIS MARTINEZ: Correct and ours is much lower
14 just based on the preponderance of that.

15 COUNCIL MEMBER CABÀN: But that's what I'm
16 saying. So, when I hear you talking and answering
17 the line of questioning around how much lower your
18 substantiation claims are to the national averages
19 and I say we'll the level of proof is a
20 preponderance, it means it just has to be just barely
21 more likely than not to occur and then I also hear
22 that the evidence that you are primarily relying on
23 is the video monitoring and electronic tracking.
24 What I am then hearing is that that's not being done
25 properly if an individuals testimony alone is not

1
2 given the kind of weight it should be when again, in
3 a criminal proceeding, that alone absent any other
4 kind of evidence can prove a case beyond a reasonable
5 doubt. So, to me, it sounds like the practice you're
6 engaging in is not - is not adhering to the way that
7 in our legal systems and legal proceedings both
8 criminal and civil, we look at and weigh and evaluate
9 evidence. And so, my, the thing that is troubling me
10 is that it sounds like the individual testimony of
11 survivors because they are incarcerated people, that
12 very strong powerful evidence is not being weighed
13 the same way it would be weighed for others and
14 that's a problem. And I think that could partially
15 explain the disparities between the national averages
16 and what we're seeing here.

17 In addition to that, I want to ask for just some
18 other definitions because I want to know how this
19 work is being done. How does DOC specifically define
20 sex abuse currently?

21 Sorry, my [INAUDIBLE 02:09:51] thinks I'm talking
22 to it. Go ahead. Yeah, something did go wrong.
23 Okay, go ahead.

24 INGRIS MARTINEZ: Okay, so under the federal
25 standards, sexual abuse or any sex crimes including

1
2 the New York State Penal laws sex crimes under the
3 130 and inappropriate touching, that is not within
4 the context of the officer or staff persons job
5 scope.

6 COUNCIL MEMBER CABÀN: Okay so does DOC
7 additional define any so called red flags prior to
8 sex abuse such as grooming behavior or propensity
9 towards such actions?

10 INGRIS MARTINEZ: Okay, so let me talk about what
11 else entails in our investigations. So, we also do
12 unannounced rounds, which is under the detection
13 portion of our investigations and part of the
14 detection is ensuring, holding our frontline
15 supervisory staff in the facilities responsible for
16 doing tours, looking for those spaces where are not
17 highly visible to the officer on the floor. Making
18 tours into you know under sensitivity of course into
19 the bathrooms, ensuring that each of the showers has
20 one person, not two persons. Ensuring that those
21 grooming types of -

22 COUNCIL MEMBER CABÀN: I'm sorry, I'm just going
23 to stop you for a second because you're not answering
24 my question. I'm asking if you have any official
25

1
2 definitions for red flags, such as grooming behavior
3 or propensity towards such actions?

4 JAMES CONROY: Council Member, we also have uhm
5 there's a classification of discipline and an
6 investigation called undo familiarity. Much of which
7 falls within the types of behaviors that you're
8 talking about.

9 COUNCIL MEMBER CABÀN: What falls within that?

10 JAMES CONROY: I'm sorry?

11 COUNCIL MEMBER CABÀN: Can you list out -

12 JAMES CONROY: Grooming behaviors. That would be
13 something about inappropriate relationships and
14 interactions between PIC's and staff, also between
15 staff and staff.

16 COUNCIL MEMBER CABÀN: Okay, what is that? What
17 are inappropriate relationships or interactions?

18 JAMES CONROY: I mean, I think that speaks for
19 itself. You know -

20 COUNCIL MEMBER CABÀN: No it doesn't actually
21 that's the problem.

22 JAMES CONROY: Anything that's - well, no it's
23 not the problem. It's actually anything that falls
24 outside the scope of the employment and the duties
25 and responsibilities of the officers.

1
2 COUNCIL MEMBER CABÀN: Okay, with all due respect
3 and I'm going to restrain myself here, we have such a
4 proliferation of varying levels of sexual abuse,
5 where and I'm going to gender in this moment but I
6 know that everybody experiences these things across
7 the board no matter what your gender is. Where there
8 are plenty of times as a woman that I have interacted
9 with a man who thinks that their behavior was
10 absolutely appropriate. So, I think you do as an
11 Administration, as an agency, have a responsibility
12 to lay out exactly what kind of behavior is
13 inappropriate because I got to tell you, it is not a
14 well enough known thing otherwise, we wouldn't be
15 having this conversation. So, I'm going to ask you
16 again because it doesn't speak for itself. The
17 testimony of people here today proves that it doesn't
18 speak for itself. Can you please list out what
19 behaviors fall under inappropriate actions and
20 relationships?

21 JAMES CONROY: Yeah, I don't have the specific
22 actions memorized. It is laid out in the rules and
23 regulations for the officers. We could certainly
24 follow up with you on the very specific -
25

1
2 COUNCIL MEMBER CABÀN: Will you provide that
3 please. Can I ask a few more questions Chair?

4 JAMES CONROY: Yes absolutely. I'm sorry, what
5 was - I didn't hear your last part.

6 COUNCIL MEMBER CABÀN: I want a copy of that and
7 I just - I am still reeling from the idea that we all
8 just know what inappropriate - yeah, I need a second.

9 Okay, well let me ask you this than to get into
10 more specifics. Would the Department of Corrections
11 include for example, making verbal statements of a
12 sexual nature as sexual abuse?

13 INGRIS MARTINEZ: No, the standards are very
14 specific when it comes to verbal harassment, we take
15 the allegation, we investigate it, collect business
16 records, review all kinds of video. We do the -

17 COUNCIL MEMBER CABÀN: But you're talking about
18 verbal statements.

19 INGRIS MARTINEZ: Verbal statements and we treat
20 it as a full investigation of one time. Under the
21 federal standards for it to be under the 90 day
22 mandate and then it has to be repeated but how do we
23 know it's repeated as we first record the first time
24 it happens.

1
2 COUNCIL MEMBER CABÀN: But my specific question
3 is are making verbal statements of a sexual nature -
4 would you include that as sex abuse?

5 INGRIS MARTINEZ: It is under the sexual
6 harassment for verbal.

7 COUNCIL MEMBER CABÀN: And you just said that
8 like again, you went back to saying you look to see
9 if there is recording of that language.

10 INGRIS MARTINEZ: No, not audio language. We're
11 looking for behavior on the video.

12 COUNCIL MEMBER CABÀN: Okay, so when it comes to
13 sexual abuse, you're looking for physical behavior.
14 You are not looking for verbal behavior.

15 INGRIS MARTINEZ: Our Genetec System is not
16 equipped with audio devices.

17 COUNCIL MEMBER CABÀN: Okay but again, when we
18 talk about the preponderance of evidence and somebody
19 makes an accusation that they're experiencing verbal
20 sexual abuse, you do not need an audio recording to
21 reach a preponderance of the evidence.

22 INGRIS MARTINEZ: No, we will use the activity,
23 the body language, they mentioned -

24 COUNCIL MEMBER CABÀN: But what you're telling me
25 is that your system, your process does not in any way

1
2 account for verbal sexual abuse. That's what you're
3 telling me.

4 INGRIS MARTINEZ: Absolutely we do.

5 COUNCIL MEMBER CABÀN: That's what you just said.

6 INGRIS MARTINEZ: On the harassment.

7 COUNCIL MEMBER CABÀN: So, you do not - you would
8 not count it as abuse. You would only count it as
9 harassment.

10 INGRIS MARTINEZ: It's under the definition for
11 the federal standards, yes.

12 COUNCIL MEMBER CABÀN: I think that's a problem.
13 Would you - would DOC consider asking a transgender
14 or intersex person about the status of their
15 genitalia as sexual abuse?

16 JAMES CONROY: We have someone that speaks
17 specifically on that issue.

18 VALERIE GREISOKH: Good afternoon Council Member
19 Cabàn. Valerie Greisokh, Assistant Commissioner in
20 the division of Programs and Community Partnerships.
21 We do not ask questions about individual genitalia.

22 COUNCIL MEMBER CABÀN: No, no, that's not what
23 I'm saying and listen, let me tell you that I was a
24 public defender for nearly a decade. I speak to
25 community members all the time. There are absolutely

1 instances, I've heard it myself. I have heard it
2 myself when corrections is moving people at the court
3 house from the pens to their appearance. So, it does
4 happen but that's not my question. My question is,
5 when it does happen, does the Department of
6 Corrections consider asking a transgender or intersex
7 person about the status of their genitalia sex abuse?
8

9 VALERIE GREISOKH: That's not something that's
10 part of our practice.

11 COUNCIL MEMBER CABÀN: So, the answer is no.

12 VALERIE GREISOKH: If there's a specific instance
13 when that happens, we'd be happy to look into it.

14 COUNCIL MEMBER CABÀN: It does happen and what
15 I'm hearing is that you do not consider it sex abuse.
16 Do you consider it sexual harassment?

17 VALERIE GREISOKH: That's something that would be
18 up to the PREA investigation unit to determine what's
19 considered sexual harassment or sexual assault.

20 INGRIS MARTINEZ: So an allegation of
21 inappropriate comments, allegation of a request to
22 see a particular body part that is not within the
23 scope of the officer or whoever's duties is counted
24 as sexual harassment and investigated.

1
2 COUNCIL MEMBER CABÀN: I'm just going to ask one
3 more and then I'll turn it back to you Chair. This
4 is actually about the bill that's being discussed
5 today. Intro. 830, it's still being discussed on
6 this hearing, yeah? Okay, great, for Intro. 830 it
7 contemplates that the Department will work with
8 national experts to create these investigator
9 trainings. I know that there were some questions
10 about this. When national experts on preventing and
11 investigating sexual assault is the Department
12 already in contact with? What are their names?

13 LYNELLE MAGINLEY-LIDDIE: I'm sorry, can you
14 repeat the question?

15 COUNCIL MEMBER CABÀN: So, Intro. 830 it
16 contemplates that the Department would work with
17 national experts to create investigator trainings
18 right, like that is what the bill calls for. So, I'm
19 wondering in this moment already, like what national
20 experts on preventing and investigating sexual
21 assaults is the Department already in contact with?
22 What are their names?

23 LYNELLE MAGINLEY-LIDDIE: So we work with NIC,
24 National Institute on Corrections and as I mentioned
25 earlier there's a training that the Bureau of Justice

1 Assistance is ruling out that we've been working with
2 as well.

3
4 COUNCIL MEMBER CABÀN: Okay.

5 LYNELLE MAGINLEY-LIDDIE: One of our members will
6 be part of an inaugural training. It's a 14 week
7 training but we've been working with our external
8 partners in addition to NYPD and other -

9 COUNCIL MEMBER CABÀN: Okay well I'm just asking
10 about the national so you listed two corrections
11 organizations. Are any of the organizations LGBTQIA+
12 organizations?

13 VALERIE GREISOKH: Could you please repeat the
14 question?

15 COUNCIL MEMBER CABÀN: Who - what national
16 experts on preventing and investigating sexual
17 assault is the Department of Corrections in contact
18 with and of those organizations, are any of them
19 queer organizations?

20 VALERIE GREISOKH: I'm not certain about training
21 but I do want to emphasize as a department, part of
22 our priorities and goals is to partner with
23 organizations that specifically serve the LGBTQ+
24 community.

1
2 COUNCIL MEMBER CABÀN: Okay again, you're like -
3 you're taking - I'm giving you a very specific
4 question that is yes or no. You are throwing it away
5 and then just throwing out like a really big broad
6 blanket statement and it's not a sufficient answer.
7 So, I'm just going to put that out there but I just
8 want to end by saying that I really do get very, very
9 frustrated at a lot of the things that we hear in
10 these hearings but if ever there was a single piece
11 of testimony to pinpoint and ground the problem that
12 we are facing that is the subject of this hearing, is
13 to hear that inappropriate sexual behavior and
14 relationships speak for themselves. It goes without
15 saying. We already know, we don't have to be told.
16 That is the kind of mentality and lack of structure
17 and support and services that ensures that people
18 will continue to endure the kind of abuse that they
19 are experiencing in custody right now. And I thought
20 that was particularly operant. Thank you Chair.

21 CHAIRPERSON NURSE: Thank you Council Member
22 Cabàn. Council Member Narcisse.

23 COUNCIL MEMBER NARCISSE: Good morning and thank
24 you Chair. Good afternoon at this time and thank you
25 for being here. I'm going to share a brief story,

1
2 the reason even though I'm very - I have to run in my
3 district, I had to stay here because this is very
4 serious and I can share the fact that in high school,
5 somebody was trying to get my chain inside my coat
6 and they touched the area that should not be touched.
7 That should not be touched by a stranger and I was
8 very upset and I had to spend almost two years
9 washing it. So, this is a very serious. This is not
10 a joke and especially for staff that expose and the
11 folks that kind of like vulnerable that they don't
12 have no choice. They have to be at a certain place
13 at that time.

14 So, following my colleagues, if everything based
15 on evidence right to make a case, but I'm going to go
16 back to a question here and if you can help me with
17 that. DOI has recommended that jail cameras coverage
18 be enhanced to correct for blind spots and extended
19 to cover janitors closet and other closed rooms that
20 officers can access with a person in custody. They
21 also recommended that DOC should retain footage from
22 each camera for one year. Have all these
23 recommendations been implemented? That question was
24 asked before. The reason I'm going back to it, so if
25 evidence is based on evidence based on everything,

1
2 not all from what the person is saying, but the
3 cameras would be a very, very important tool to have,
4 especially to cover the blind spots and from my
5 understanding, correct me if I'm wrong, so you still
6 have blind spots. You now have upgraded all the
7 cameras, right? Have you?

8 LYNELLE MAGINLEY-LIDDIE: So, the time when that
9 recommendation was presented, policies and procedures
10 and recommendation was presented by DOI. The
11 Commissioner at the time I'm assuming did not accept
12 all those recommendations. That's why I said I have
13 to go back and look at that, right because that was -
14 the report was in 2018. We do not currently have
15 cameras throughout all those areas, that's why we
16 have a captain conducting the tours but that's why I
17 said I will go back and look at that recommendation
18 and then sort of circle back with -

19 COUNCIL MEMBER NARCISSE: So, what my colleague
20 is saying, that evidence we're talking about, if you
21 don't have that for somebody that you're saying this
22 is what happened and you don't have this important
23 tools in place. That's a problem and I just
24 explained to you it took me two years because
25 somebody just touched me because they were just

1
2 grabbing a chain not even for me. It was just the
3 thing they were taking and it hurt me so much. It
4 took two years, over two years washing that spot. So
5 this is serious.

6 So, can you walk me through when somebody makes a
7 complaint of sexual abuse? Let's say sexual abuse,
8 can you walk me through that process? What happened?

9 INGRIS MARTINEZ: Okay so multiple reporting
10 pathways and I'm going to paint you a picture that
11 consider an email is the notification. The
12 notification comes into a PREA supervisors. It could
13 be from another staff member. It could be from
14 medical. It could be a 311 forwarded to us. Very
15 minimal information. Person that called from such
16 housing area claimed this. Sometimes they may have a
17 date and time. Sometimes they may have an aggressor
18 name. Sometimes it will just say staff. The PREA
19 supervisors read this, it's immediately forwarded out
20 to DOI just based on staff. We don't know a name.
21 We don't know other particulars. That coincides with
22 our mandate to also report corruption within the
23 department. There's a DOI duty team, a weekly duty
24 team and within minutes to up to 24 hours, that DOI
25 clearance system back to us. We start our mandated

1
2 services. We generate separation orders when we find
3 out you know where the victim is located. We will go
4 out to where they are located. If they're at the
5 hospital. If they're at the facility. Are they in
6 the housing area? All of those factors are taking
7 into account when we're dispatching our staff. Our
8 staff arrive, taking in situation awareness. Taking
9 a look to see the type of housing area. Is there a
10 confidential room that we can use? Maybe grievance
11 has a room in there. Is it a double tier housing
12 area with a particular pantry that's away from view
13 of other persons in the housing area? Those are the
14 type of things that we look into to kind of gauge
15 whether we can talk to that person in that housing
16 area. Sometimes just appearing in front of them and
17 they may just say I don't want to talk right now or I
18 don't want to talk here. That kind of gives my
19 investigators uh okay, well let's look further into
20 this. Let's figure out can we take this person to
21 the intake? Can we take this person maybe the chapel
22 is available for an interview at this point?

23 Taking into account we now do a confidential
24 interview. Our investigators are compassionate in
25 the manner that they conduct their interviews. They

1
2 are careful not to revictimize the persons in
3 custody, however, take into account that we do have
4 to ask the hard questions sometimes. So, I was taken
5 a little bit back with the previous question because
6 it's not necessarily just because they're transgender
7 we're asking for genitalia. We may be asking because
8 it's necessary for the investigation right. We'll
9 ask those hard questions, what did it look like
10 right. It's not because they're transgender, it's
11 because it's necessary to the investigation. Maybe
12 they had a mole, something that you know the victim
13 can help us identify later on. So, moving forward
14 from there, all the information is collected. Our
15 investigators do not make any type of determination
16 when they're out in the field. They are collecting
17 all the information, business records, canvases,
18 interviews, medical injury report and taking that
19 back to the office to a supervisor that makes the
20 determination for it to be a decision whether it's a
21 reported incident or not.

22 COUNCIL MEMBER NARCISSE: Okay and which phase
23 that the doctor get involved, the medical team get
24 involved? How long in the hours? Give me hours into

25 -

1
2 INGRIS MARTINEZ: I'm not sure of hours,
3 depending on the -

4 COUNCIL MEMBER NARCISSE: If it's physical abuse.

5 INGRIS MARTINEZ: So, depending on the reporting
6 pathway, if we received it from CHS, we're assuming
7 they went to CHS already. Based on the coordinator
8 response, if the person in custody or the victim made
9 it to a staff member, they can go ahead and get
10 medical attention prior to an investigator reaching
11 them.

12 COUNCIL MEMBER NARCISSE: I think I have one more
13 thing that I just wrote in here. I just wanted to
14 get in, the last one. Is there a regular review or
15 audit process to ensure that views and harassment
16 reports amongst staff are addressed transparently and
17 fairly?

18 INGRIS MARTINEZ: You're referring to staff? As
19 victim?

20 COUNCIL MEMBER NARCISSE: Yes.

21 LYNELLE MAGINLEY-LIDDIE: I'll turn it over to AC
22 McCormick but with respect to the staff, if there's
23 an incident, if there's assault on staff, there's
24 something that's documented. The Department is -
25 we're aware, department leadership is made aware in

1
2 real time and during that time we will typically
3 reach out to our Correctional Intelligence Bureau and
4 they will meet with a staff member to determine if
5 they want to press charges. Sometimes they move
6 forward, sometimes they don't but that's something
7 once there's an assault on staff, anything happening
8 throughout the facility, it is documented in real
9 time and our CARE unit will go and meet with that
10 staff member to provide them with the support that
11 they need but that is something throughout our
12 facility that we are aware when it happens.

13 I mean just recently, we had unfortunately an
14 incident but the Chief, Chief Rambert, she actually
15 went and she met with a staff member to see how she
16 was doing after that incident. I don't know if AC
17 McCormick, you want to talk a little?

18 NED MCCORMICK: Yeah, just to add to that
19 Commissioner, it doesn't matter if it's a physical
20 assault or a sexual assault, the paperwork and the
21 proper notifications are made immediately and for the
22 resources, starting at the facility level, the
23 leadership, we'll reach out to the employee in
24 conjunction with their unions, the care unit. We're
25 continually supporting the staff member on the

1
2 initial report, whether it's physical or a sexual
3 assault.

4 COUNCIL MEMBER NARCISSE: I'm going to leave it
5 with this, we need to make correction because this is
6 serious and on top of it, mentally it's very
7 important to get support throughout and I would like
8 to know do you follow up if somebody, let's say even
9 for staff, do you follow up mentally to make sure
10 they're referred to organizations because that's a
11 trauma that you're dealing probably for the rest of
12 your life.

13 LYNELLE MAGINLEY-LIDDIE: Absolutely and I can
14 tell you just even working in Corrections, there's a
15 lot of trauma and you're right about that. We also
16 refer individuals to the employee assistance program,
17 so that they have those resources but you know I
18 think there's a lot more work that we can do and
19 we're exploring how we can be more helpful and
20 thoughtful. Because really and truly everyone needs
21 to be safe in our jails and it's a priority
22 especially with trauma and mental health because the
23 reality is if our staff are important too, if they're
24 not well, they don't have anything to give, so we
25 have to really make it a priority and I agree with

1
2 Council Member Stevens. I'm not just talking; I've
3 worked at the department for the last nine years and
4 I see what they go through first hand and we have to
5 make it a priority. A lot of organizations, a lot of
6 people don't prioritize correction officers and
7 correction staff but we're going to do it internally
8 and make sure that they are a priority.

9 COUNCIL MEMBER NARCISSE: We don't have no
10 choice. This is New York City, if we cannot lead by
11 example and make sure we address the basic things
12 that we need to do, protect peoples safety. It's
13 very, very important and I'm going to tell you, I'm
14 going to leave it with that. As a nurse for over
15 three decades, experience, life experience doing
16 reentry program, I know firsthand that's the reason I
17 have to say thank you to Chair that we're taking this
18 seriously because we are part of that community that
19 are being effected. A lot of times we have to deal
20 with this trauma.

21 LYNELLE MAGINLEY-LIDDIE: So, let me just say on
22 the record, I mean there's a lot of experience here
23 and I'm happy to work with all of you so we can
24 address this issue.

1
2 COUNCIL MEMBER NARCISSE: Thank you. I
3 appreciate your time. Thanks.

4 CHAIRPERSON NURSE: Thank you Council Member
5 Narcisse. I'm going to turn to the Adult Survivor
6 Act lawsuits. In preparation for this hearing we
7 reviewed over 30 lawsuits that contained allegations
8 of sexual assaults that occurred on Rikers Island
9 within the past six years. I have some general
10 questions about some patterns that emerge when
11 looking at these cases. On May 30, 2023, a lawsuit
12 was filed in the Bronx County Supreme Court that
13 alleged that a correction officer sexually abused a
14 woman housed at the Rose M. Singer Center in the
15 spring of 2020.

16 In the complaint, the woman who also bravely
17 recounted her story to the press, alleged that a
18 correction officer selected her for a special work
19 assignment and then while isolated in a social
20 service office, this officer held her down, sexually
21 assaulted her and threatened retaliation if she
22 reported the abuse. The officer who was specially
23 named in the lawsuit apparently remained employed and
24 still posted at Rose's nearly a month after the first
25 case was filed.

1
2 It's safe to assume this because another woman
3 alleges that the same officer forced her to perform
4 sexual acts against her will in an abandoned office.
5 When the first lawsuit was filed, the department
6 should have been on notice that an officer they
7 employed had been accused of sexual assault.

8 If some measure of precautionary action at that
9 point, it stands to reason that further harm could
10 have been prevented. I won't ask you to comment
11 about the specifics of the case because I know you're
12 going to tell me that you can't but in general, when
13 a lawsuit is filed that alleges an officer currently
14 employed by the Department committed sexual abuse,
15 does the Law Department notify DOC? Just yes or no.

16 JAMES CONROY: Yes.

17 COUNCIL MEMBER NURSE: So, if you are informed
18 about the lawsuit, you get information from the Law
19 Department when cases are filed, then why would
20 someone still be posted in the facility, at a women's
21 facility months later?

22 JAMES CONROY: It's - I'm sorry, it's difficult
23 to answer that question without discussing the
24 specifics but we do review with law and internally
25 now any of those types of allegations. We stated at

1
2 the last hearing that there were movements on those
3 individuals. Again, beyond that I can't go too much
4 further but it's something that we're looking into as
5 a processes for us more robustly given again, the
6 scope and the number of lawsuits.

7 CHAIRPERSON NURSE: I need to get more of a
8 timeline to understand. The email comes in or you
9 get a call, you get notified. That goes to who?

10 JAMES CONROY: The legal division.

11 CHAIRPERSON NURSE: Okay and then what does the
12 legal division do as soon as they get that email?

13 JAMES CONROY: These series of lawsuits, so it's
14 different that we haven't received any you know on a
15 one off basis since the kind of bulk of these Adult
16 Survivor Act's lawsuits came in. So, I can't
17 specifically comment on like what the processes is.

18 CHAIRPERSON NURSE: You can say that a
19 theoretical email comes in, that person gets it.
20 What is their next course of action?

21 JAMES CONROY: That would come directly to me and
22 then I would confer with the Commissioner and the
23 Executive Staff on the next steps.

24 CHAIRPERSON NURSE: So, in a situation like this,
25 we can assume that the Law Department says, hey,

1
2 there's a case against this person. They're at
3 Rosie's. You get this Commissioner, then what is
4 your course of action?

5 LYNELLE MAGINLEY-LIDDIE: Then I would remove
6 that individual from that facility based on the
7 allegations.

8 CHAIRPERSON NURSE: Okay, so do you have an
9 explanation of why someone would be there for a
10 month, over a month after getting notified?

11 LYNELLE MAGINLEY-LIDDIE: So, let me just say
12 because I'm an attorney as well. Even though someone
13 files a lawsuit, it does not necessarily mean that we
14 get notice of the lawsuit at the time of filing. So,
15 upon receiving the lawsuit and reviewing the
16 allegations, then we take steps right? But not
17 because someone files a lawsuit on a specific day
18 means that we know simultaneously as the case is
19 being filed. It goes directly to the Law Department
20 and then the Law Department will assign it to the
21 agency. When I was in the legal division, I
22 personally reviewed all these complaints coming in
23 and assigned the cases to specific attorney's. If
24 there was a specific plaintiff you know to ensure
25 that the attorney was dealing with those cases with

1
2 respect to that plaintiff, that one attorney would be
3 assigned to those cases but I looked at the
4 allegations of the complaint if there was an issue.
5 Then I would escalate it like this is what this case
6 is saying and I believe that process is still taking
7 place but once the case is filed, we don't
8 necessarily get it right away but upon receipt, we
9 take action.

10 CHAIRPERSON NURSE: What's an average time? An
11 average timeline between receiving a notification of
12 some kind of accusation to going down to the facility
13 and reassigning that person or taking them off the
14 floor?

15 JAMES CONROY: Again, we haven't experienced that
16 situation because we haven't had that since the mass
17 filings of the ASA lawsuits. So, we can't give a
18 specific timeline now. What we anticipate given
19 again the robustness of these lawsuits and what's
20 going forward is that it would be immediate. I would
21 convey that as soon as I receive word of it. We
22 convey it to the Commissioner and then again we would
23 take appropriate action. We can't say again,
24 retroactively now because that was a unique
25 circumstance.

1
2 I will say just along the Commissioner's lines, I
3 did this at the NYPD, not with ASA lawsuits but I
4 mean lawsuits in general. There's somewhat of a
5 trend in the plaintiff's litigation where they will
6 file a lawsuit and serve the officers individually
7 and then wait to serve the Law Department until a
8 considerable time later in order to start to develop
9 default motions and otherwise. So, that creates this
10 weird dynamic of the timing of the filing to when we
11 actually get notice of it. So, but nonetheless
12 again, going forward, this is our process. I can't
13 go backwards on these old lawsuits. We talked about
14 what has happened since then but this is our
15 processes now since I'm in place.

16 CHAIRPERSON NURSE: Understood and in this
17 instance, which I'm not going to ask you to speak
18 specifically on but if we were to come back in a year
19 after maybe some motion has happened and more stuff
20 becomes public and we were to look at the timeline
21 between when you were notified and when that person
22 was removed from tour. Do you think we would be
23 outraged or we would feel like there was swift action
24 taken?

1
2 JAMES CONROY: I think we would be transparent
3 about it. Though I could say that again as the
4 Commissioner mentioned, there's a processes to hash
5 out all allegations. We would take action in
6 circumstances where we also do a review ourselves and
7 again with immediacy.

8 CHAIRPERSON NURSE: Oh I know, I'm just trying to
9 ask - I'm asking you to say like, do you think when
10 we find out how long it took between notification and
11 the person being removed, that when we come back and
12 find that out, you think we're going to be like, they
13 did their job really well?

14 JAMES CONROY: I have to tell you Chair,
15 sometimes it's hard to predict how the Council will
16 react to what we do. We anticipate that we will have
17 this system -

18 CHAIRPERSON NURSE: I think we react sensibly to
19 an accusation of sexual assault.

20 JAMES CONROY: And that's what I'm saying. We
21 will certainly -

22 CHAIRPERSON NURSE: [INAUDIBLE 02:40:37]

23 JAMES CONROY: I'm sorry I was speaking over you,
24 could you repeat that.

1
2 CHAIRPERSON NURSE: What I'm saying is we are
3 reacting appropriately and we would react
4 appropriately.

5 JAMES CONROY: Okay but you're asking me how
6 you're going to react in a year. I can't predict
7 that but we anticipate that - not anticipate, we are
8 implementing the system of immediacy.

9 CHAIRPERSON NURSE: I'm taking this to say that
10 you think you did it well and we hope that that's the
11 case. In another case reported on by the news outlet
12 Gothamist, the Department should have been notified
13 of a sexual assault allegation against a correction
14 officer when a case was filed on November 17, 2023.
15 However, nearly seven months later, the Department
16 confirmed in a press report that the officer who
17 again was specifically named in a lawsuit was still
18 employed and working at Rosie's. At our hearing last
19 month, we were happy to learn that all of the
20 officers named in the sexual assault lawsuits are no
21 longer serving at Rosie's. However, during this
22 extended lag time, at least in one instance, seven
23 months went on before deciding to reassign the
24 officer accused of sexual assault and potentially
25 other women were in danger?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

JAMES CONROY: I'm sorry, is that a question?

CHAIRPERSON NURSE: It is, I mean, yeah, I'll ask you a question. Why was it seven months? When did you get notification and why was it seven months before somebody was reassigned?

JAMES CONROY: I was not with the Department at the time.

CHAIRPERSON NURSE: Okay, is there anyone else here who can speak to that?

JAMES CONROY: The previous general council is not with this Department anymore.

CHAIRPERSON NURSE: I'm saying is there anyone here in this room that can speak to before your time?

JAMES CONROY: Again, without speaking to the specifics of that case, there was this again, from time of filing to time of notice of the lawsuit I can't testify as to when we receive notice specifically of those lawsuits. And then again, there was a series of incidents that occurred as you're aware after that.

CHAIRPERSON NURSE: Do you think - so, I'm going to assume that it didn't take seven months. I'm going to assume that the Law Department gave you this information as soon as they got it and that that

1
2 information was received by the prior person, and
3 then I imagine there was a period, there was seven
4 months' time.

5 JAMES CONROY: So, the team again, I don't want
6 to belabor the point too much about the processes but
7 the team that I work with now on this specific issue,
8 is actually headed by the person who is Acting
9 General Council prior to us. So, she is now back in
10 place within the Law Department to have this
11 communication. What was happening then is that unit
12 that she was in was a little less robust and
13 operational. So, I can't again speak specifically as
14 to the notification process from when this was filed
15 to then. I know what we are doing now and what the
16 communication is between us and the Law Department
17 and what we are committed to with the Commissioner
18 and ourselves moving forward in that.

19 CHAIRPERSON NURSE: Okay. It seems like, I
20 understand you're not going to be able to answer the
21 question but during this period where there
22 accusations were coming online and we were starting
23 to get reporting about it, your saying there was a
24 turnover in staff or there was some kind of
25

1
2 transition period. You're coming on, other people,
3 do you think there was a communication breakdown?

4 JAMES CONROY: I don't know that we could say
5 that it's a communication breakdown. As indicated,
6 because of the very small time that the Adult
7 Survivor Act window was open for filing, again or
8 what was anticipated, there was a huge amount of
9 this. So, it took some time I think even for the Law
10 Department to establish the scope and the years of
11 the defendants and the universe of where these cases
12 came from. We heard some testimony earlier that
13 these are from 40 years ago in some circumstances.

14 Once we identified it again, I can't comment on
15 the specific timing of it. Once we identified the
16 five that were active still, that was addressed again
17 during my ten year and otherwise. So, I can't say
18 communication breakdown but again, going forward,
19 this is affirmatively remedied for this issue that
20 we're speaking about.

21 CHAIRPERSON NURSE: Okay. I still would argue
22 that seven months is a significant amount of time.
23 It's not a small window for someone to still be in a
24 housing unit and working in a women's facility.

1
2 Some lawsuits that we reviewed involved fairly
3 detailed descriptions of an alleged perpetrator named
4 only as CO John Doe or CO Jane Doe. For example, in
5 one case filed by a woman alleged to have been
6 assaulted at Rosie's in 2021, the alleged abuser was
7 described as a short, heavy set Hispanic male in
8 around his 40's who delivered food to inmates. If
9 DOC receives information that a lawsuit was filed
10 against an anonymous officer described in a legal
11 complaint, will the Department take any steps to
12 investigate the claim and see if they can ascertain
13 the officers identity?

14 JAMES CONROY: We have to in the Legal division
15 at least, have to work with the Law Department you
16 know in order to identify John Doe and Jane Doe
17 officers, nonetheless. So, in that vein, we
18 affirmatively reach out to investigation or otherwise
19 to try back track. You know what was the timing,
20 what was the tour, what was the assignment and then
21 again, the description. So, that's a requirement
22 that we have to you know again, cooperate with the
23 Law Department. So, it is also part of our internal
24 processes. So, the answer, that was a long winded
25 yes but that's why we do that for multiple reasons.

CHAIRPERSON NURSE: Thank you. One second.

Okay, I'm going to ask about some staffing issues.

Safe housing with sufficiently trained and well supervised staff must be provided for vulnerable populations. Lack of supervisory rounds plays a central role in allowing abuse by staff to take place. If staff know that there is a period of time when no round is likely to occur, abuse will occur undetected. BOC standards require supervisors to conduct rounds at varied and unpredictable times. How does the Department monitor whether supervisors meet this requirement?

INGRIS MARTINEZ: So, the investigation is twofold. Our PREA compliance unit collects all the business records, identify particular housing area, and 24 hours of business records and video is preserved, reviewed, staff identify so on and so forth. That investigation is then passed onto my unit and I have four investigators assigned to the unannounced rounds investigation and we literally match the business record to our electronic monitoring system. So, we check to see that the staff member actually on video conducted the type of tour that they are assigning onto our business

1 records onto the log book saying that they conducted
2 those tours. Those tours I mentioned earlier were
3 for detection, are important to look for those hidden
4 spaces for those areas that should be locked. Into
5 the showers, again, very sensitive make sure that
6 cross gender. We announce ourselves going into the
7 shower, letting them know that we're walking in for
8 the purpose of a tour. During the review, if we find
9 that a staff member did not complete a tour, that
10 information is documented in disciplinary as far as a
11 facility referral. Meaning we hold the facility
12 leadership responsible for that staff member to get
13 internal charges.

15 CHAIRPERSON NURSE: Thank you. DOI has issued
16 several policy and procedure recommendations that
17 were aimed at dramatically reducing opportunities for
18 sexual misconduct to occur. One recommendation was
19 that DOC should require that officers escort people
20 in custody in male and female pairs in order to
21 reduce opportunities for sexual misconduct. DOI also
22 recommended that DOC policies should be revised to
23 ensure the people in custody assigned to work details
24 at Rosie's are supervised by at least two members of
25

1 staff including one female employee at all times.

2 Why were these recommendations rejected?

3
4 LYNELLE MAGINLEY-LIDDIE: Like I mentioned
5 earlier, this predates me in terms of accepting or
6 rejecting recommendations but I'll take a look at
7 that report and revisit that report and determine
8 whether or not I should accept those recommendations.

9 CHAIRPERSON NURSE: Okay, do you think on the
10 face of it it would make sense as a recommendation?

11 LYNELLE MAGINLEY-LIDDIE: Well, I would have to
12 look at it honestly.

13 CHAIRPERSON NURSE: Okay, it seems like it's
14 providing more eyes and accountability.

15 LYNELLE MAGINLEY-LIDDIE: Yeah but it also we can
16 - if we can utilize a body worn camera, like you know
17 there are other things that can be done you know in
18 terms of adding additional personnel that we may not
19 necessarily have, so I have to take a look at it and
20 make a determination based on that review.

21 CHAIRPERSON NURSE: An expert hired in a lawsuit
22 filed by the Legal Aid Society found that permitting
23 male correction officers to guard female inmates
24 without supervision violates correctional best
25

1
2 practices. Do you agree or disagree with that
3 assessment?

4 LYNELLE MAGINLEY-LIDDIE: That it violates best
5 correctional practices?

6 CHAIRPERSON NURSE: That uh I'll restate it. I'm
7 trying to speak slow for myself as well because I
8 know these questions have a lot of preamble but an
9 expert hired in a lawsuit filed by the Legal Aid
10 Society, found that permitting male correction
11 officers to guard female inmates without supervision,
12 violates correctional best practices. Do you agree
13 or disagree with that assessment?

14 LYNELLE MAGINLEY-LIDDIE: Well, I think everybody
15 should be subject to supervision but I don't think
16 because a correction officers male and the individual
17 in custody is female that that inherently is a
18 problem but I do agree that there needs to be
19 constant supervision throughout our facilities which
20 is why we're doing the preannounced tours and making
21 sure that supervisors are doing the tours that are
22 required.

23 CHAIRPERSON NURSE: Yeah, I understand. I mean I
24 think in - I mean, look I think you and I get up
25 every day and walk in the world. We know that the

1
2 chances of I mean, I'd be curious to see the
3 breakdown of these cases between folks who have made
4 allegations. How many of them were against a male
5 correction officer verse a woman correction officer.
6 Although there was testimony today about sexual
7 violence being conducted by a female correction
8 officer. I do think probably the statistics would
9 show that more likely than not it was a male
10 correction officer to a female person in custody or a
11 woman, a person who identifies as a woman in custody.

12 Okay, I have a few other questions here and then
13 we have questions for DOI. We haven't really talked
14 much about correctional health, although many of the
15 allegations were around correctional health during
16 medical checks. A lot of instances of groping,
17 penetration against their will, things like that. I
18 did read your testimony. I heard your testimony and
19 will account for that but we do want to talk about
20 the issue of deadlocking. I know it's not directly
21 on topic for today's hearing but we want to have a
22 hearing around that but we always bring up questions
23 that are more timely and urgent.

24 The report that came out earlier this month as a
25 result of a whistleblower and a former CHS services

1
2 employee described a pattern of organized cruelty in
3 which people in custody with a mental health
4 diagnosis were routinely deadlocked or kept isolated
5 in their cells and left to suffer for sometimes
6 months at a time.

7 For Commissioner, you have been an employee of
8 the Department of Corrections for nearly ten years.
9 During your ten year, have you ever heard the term
10 deadlocking?

11 LYNELLE MAGINLEY-LIDDIE: I have not.

12 CHAIRPERSON NURSE: You've never heard of this
13 term?

14 LYNELLE MAGINLEY-LIDDIE: I've never heard of the
15 term in all honestly and so, let me just tell you
16 those are extremely disturbing allegations and upon
17 hearing it, upon reading the article, I personally
18 called the Inspector General and forwarded that
19 matter for them to review. So, that is currently
20 under the Department of Investigations review. I've
21 also made it abundantly clear that that is against
22 our policy. I've sent out communication
23 departmentwide that it is against our policy and we
24 have communicated in several meetings that it is
25 prohibited and that it should not proceed. So, that

1
2 is something that you know DOI is reviewing it and we
3 will, you know we wait to have the results of that
4 investigation but I have personally never heard that
5 term.

6 CHAIRPERSON NURSE: Okay, when I went to visit -
7 when we did an oversight tour, one of the White
8 shirts there, actually an older gentleman who clearly
9 had been working there for a long time actually said
10 it was a common term used and he said, yeah, it's a
11 terminology we've been using for a long, long time.
12 So, I'm surprised given how long you've been working
13 there that you've never heard of it.

14 JAMES CONROY: Chair Nurse, also I'm only here
15 you know several months, I have not heard it but what
16 was brought up at the Board of Correction meeting
17 also was that there is a term as deadlocking, which
18 is I think in the facility is used to represent where
19 a person in custody is out of their cell and they
20 lock the cell to prevent theft and other interference
21 with the property of that person in custody. So,
22 that is used and both the Board of Correction members
23 that worked and were in the system had recognized
24 that term in that context but otherwise, we had not.

1
2 CHAIRPERSON NURSE: And I know you said you
3 referred this out for investigation. So, are you
4 doing any internal investigation? Just to clarify
5 for the record.

6 LYNELLE MAGINLEY-LIDDIE: No, no, because and
7 especially hearing that it's been going on since 2017
8 I referred it to DOI.

9 CHAIRPERSON NURSE: Okay. I have questions for
10 DOI. We're going to switch out the panel. Thank you
11 all for being here, for testifying and answering
12 questions. We're actually going to take like a five
13 minute break. [02:55:57]- [02:56:56]

14 Okay, we're going to pick back up. This is our
15 second panel. We're going to hear from Commissioner
16 Jocelyn Stauber from the Department of Investigation.

17 COMMITTEE COUNSEL: Commissioner, if you can
18 please raise your right hand. Do you affirm to tell
19 the truth, the whole truth and nothing but the truth
20 before this Committee and respond honestly to Council
21 Member questions?

22 JOCELYN STAUBER: I do.

23 COMMITTEE COUNSEL: Noting for the record that
24 the witness answered affirmatively. You may begin
25 your testimony.

1
2 JOCELYN STAUBER: Thank you. Good afternoon. My
3 name is Jocelyn Stauber and I serve as the
4 Commissioner of the New York City Department of
5 Investigation. Thank you, Chair Nurse for the
6 opportunity to discuss with you DOI's oversight role
7 with respect to sexual abuse and sexual harassment in
8 the New York City Department of Correction
9 facilities.

10 The allegations of sexual abuse of women in the
11 of DOC facilities, by DOC Correction Officers, set
12 forth in over 700 lawsuits filed earlier this year
13 are horrifying. The city has a responsibility to
14 keep safe all person within DOC custody, and the
15 decades long abuse alleged, if true even in part,
16 reflects that the city has failed to meet that
17 responsibility.

18 DOI plays an active role in responding to and
19 investigating allegations that DOC or Correctional
20 Health Services, CHS staff have sexually abused
21 persons in custody. DOI receives and reviews all
22 complaints of such abuse, conducts investigations,
23 and when there is sufficient evidence of criminality,
24 makes referrals to prosecuting agencies. For reasons
25 that I will describe in a moment, these types of

1 cases can be challenging to investigate. DOI is
2 committed to assisting DOC in its mission to
3 eradicate sexual abuse in the city jails. Where DOC
4 or CHS seeks to discipline or terminate an employee
5 as a result of a sexual abuse or misconduct
6 investigation, DOI provides the relevant agency with
7 information from our investigative file and assists
8 their efforts as needed. DOI also has made over 30
9 recommendations to DOC in the past decade to improve
10 DOC policies and procedures that are designed to
11 prevent abuse.
12

13 The Prison Rape Elimination Act of 2003 or PREA,
14 established federal mandates to define and eliminate
15 rape in correctional facilities across the United
16 States. In 2012, the Department of Justice adopted
17 national standards to prevent, detect, and respond to
18 prison rape under PREA. In 2016, the Board of
19 Correction implemented sexual abuse and harassment
20 minimum standards, which mirror the PREA standards,
21 and outline the responsibility of DOC to prevent,
22 detect, and respond to prison sexual abuse and
23 harassment.

24 In 2016, DOC promulgated Directive 5011, which
25 was subsequently updated in 2019, to establish

1
2 specific policies and procedures to comply with the
3 PREA mandate of zero tolerance toward all forms of
4 sexual abuse and sexual harassment in its facilities.
5 Directive 5011 also lays out the coordinated response
6 to allegations of sexual assault and sexual
7 harassment by DOC and DOI and sets forth DOI's
8 investigative role.

9 Broadly speaking, DOI's mandate includes
10 investigating and referring for criminal prosecution,
11 cases of fraud, waste, abuse, corruption, and other
12 illegal activities by city employees, contractors,
13 and others who do business with the city. We also
14 identifies systemic corruption, vulnerabilities, and
15 recommends improvements to reduce the city's exposure
16 to risk of fraud, waste, abuse, and corruption and to
17 improve the functioning of city agencies.

18 With respect to DOC specifically, DOI's
19 investigations focus on identifying, investigating
20 and eliminating destabilizing forces in the city's
21 jail facilities, including contraband smuggling by
22 officers as well as bribery of officers by persons in
23 custody, use of excessive force, and sexual abuse and
24 sexual harassment cases involving DOC staff.

1
2 Directive 5011 establishes DOI's role and
3 involvement in PREA investigations. In that
4 procedure, DOI is clearly defined as the New York
5 City agency responsible for investigating staff on
6 persons in custody sexual abuse or sexual harassment.
7 Both persons in custody and staff are encouraged to
8 report alleged sexual abuse or harassment of persons
9 in custody through DOI's 24 hour hotline or DOC's
10 internal PREA hotline. Complaints received by DOC
11 must be reported to DOI. Section 6B of Directive
12 5011 states that DOI shall conduct investigations for
13 sexual misconduct that involve staff on persons in
14 custody allegations or allegations that involve
15 alleged rape cases.

16 After a preliminary review of the facts, DOI may
17 elect to have the investigation conducted by SIU,
18 DOC's internal Special Investigations Unit. Within
19 24 hours of receiving a complaint of sexual abuse of
20 a person in custody by a DOC staff member, DOI will
21 conduct an initial assessment. On the basis of that
22 initial assessment, DOI will determine whether it
23 will open an investigation or whether it will clear
24 DOC to conduct a preliminary investigation. DOC is
25 instructed not to take any investigatory steps until

1
2 DOI has made such an assessment and the level of
3 review that DOI undertakes as part of that initial
4 assessment depends on a number of factors, including
5 the level of detail and information provided in the
6 complaint.

7 When determining whether to commence an
8 investigation itself or whether to clear DOC to
9 conduct a preliminary investigation, DOI's
10 considerations include whether the complaint provides
11 sufficient factual information such as the names of
12 the persons involved and the time and place of the
13 incident. Whether the alleged abuser has been the
14 subject of similar allegations in the past. Whether
15 physical conduct, if any is described or detailed in
16 the complaint. Of course, as with all
17 investigations, DOI considers its available resources
18 in determining which investigations to commence.

19 Moreover, because of the proximity to of SIU to
20 DOC facilities and its dedicated team of PREA
21 investigators, SIU is often better equipped to
22 immediately respond when a PREA allegation is
23 reported. If DOI clears the complaint for SIU to
24 investigate, DOI explicitly instructs SIU to
25 immediately notify DOI. If SIU's investigation

1 uncovers evidence of potentially criminal behavior.

2 If so, DOI will take over that investigation.

3
4 Currently, approximately 23 investigators are
5 assigned to DOI Squad 1. That's the unit responsible
6 for overseeing DOC, 12 members of the staff are
7 correction officers and captains detailed to DOI from
8 DOC. Of the total 23 investigators that we have, 17
9 have received PREA investigations training and may be
10 assigned to investigate allegations of sexual abuse
11 by DOC staff. A number of investigators have also
12 attended various additional trainings relating
13 specifically to the investigation of sex crimes.

14 In total, for calendar years 2022, 2023, and
15 2024, as of October 24th of this year, DOI has
16 received 3,022 complaints of sexual misconduct at DOC
17 facilities. These complaints include all allegations
18 of sexual misconduct regardless of the alleged
19 perpetrator or victim and therefore include not only
20 allegations of abuse of persons in custody by staff,
21 but abuse of staff by staff and abuse of persons in
22 custody by other persons in custody. These
23 complaints come from sources including referrals from
24 DOC, calls to the city's 311 hotline and DOI's own
25 complaint line email and website.

1
2 Since 2022 to the present, DOI has opened 28
3 investigations, 20 of which involve allegations of
4 abuse of persons in custody by staff. Investigations
5 of sexual misconduct in city jail facilities present
6 unique challenges, which can limit the effectiveness
7 of our investigations. As with other incidents of
8 sexual violence, victims may be hesitant to come
9 forward or having submitted a complaint, cooperate
10 with an investigation out of shame or fear. These
11 concerns are particularly acute in a custodial
12 setting, where the victims may be in daily contact
13 with the alleged perpetrator and their coworkers.
14 Victims in custody, as well as witnesses who are in
15 custody, may be suspicious or afraid of Law
16 Enforcement and reluctant to cooperate for that
17 reason and because areas of these facilities where
18 assaults might occur lack video cameras,
19 corroborating or additional evidence can be difficult
20 to obtain.

21 Since the BOC standards went into effect in 2017,
22 DOI has investigated approximately 58 complaints of
23 staff on persons in custody, sexual abuse or
24 harassment and made three arrests. In addition, DOI
25 also made two arrests for staff on staff sexual

1
2 misconduct. When DOI has conducted an investigation
3 of sexual abuse by DOC or CHS staff and obtained
4 sufficient evidence of criminal sexual conduct, DOI
5 refers the matter to a prosecutors office, state of
6 federal.

7 DOI works closely with that office to investigate
8 further and to prosecute the case. If there is not
9 sufficient evidence of criminal conduct, DOI refers
10 the matter to DOC or CHS for whatever action the
11 respective agency deems appropriate based on the
12 facts developed by DOI's investigation, which can
13 include disciplinary action and collaborates with DOC
14 or CHS on any further investigative steps and
15 provides support in any administrative proceeding as
16 needed.

17 Since 2022, DOI has made 31 referrals to DOC and
18 CHS for discipline of staff as a result of
19 substantiated allegations of sexual misconduct for
20 both staff on person in custody and staff on staff
21 conduct.

22 Policy and Procedure Recommendations known as
23 PPR's, are a critical part DOI's responsibility to
24 reduce the risk of fraud and corruption by
25 strengthening internal controls and oversight within

1
2 the city. Therefore, when investigating complaints
3 of sexual abuse within DOC facilities, DOI considers
4 whether improvements to DOC policies and procedures
5 could reduce the risk of this misconduct or make it
6 easier to detect and prevent.

7 Since 2014, DOI has issued 35 PPR's related to
8 sexual abuse or sexual harassment in the city's
9 jails, including recommendations such as expanding
10 the use of video cameras in DOC facilities and other
11 measures to ensure that DOC holds officers
12 accountable when sexual misconduct does take place.
13 Of those 35 PPR's, 22 have been accepted, 1 has been
14 partially accepted, 8 have been rejected and 4 are
15 awaiting a response from DOC. Of the 23 that have
16 been fully or partially accepted, DOC reports that 19
17 have been implemented.

18 The recent filing of hundreds of lawsuits
19 alleging sexual assault in the city's jails as well
20 as DOI's ongoing work on a number of sexual abuse
21 investigations calls for continuing active efforts to
22 identify areas of vulnerability in DOC's policies and
23 procedures and to consider whether additional
24 improvements and be made, as well as continued
25 engagement with DOC on outstanding PPR's.

1
2 DOI shares DOC's commitment to eradicate sexual
3 abuse and harassment of persons in custody by DOC
4 staff. We will continue to deploy our investigative
5 and policy and procedural expertise in service of
6 this critical mission. Thank you for the opportunity
7 to speak about these issues today and I'm happy to
8 take any questions that you have.

9 CHAIRPERSON NURSE: Thank you so much
10 Commissioner. I have a few questions, not that many
11 as I mentioned, but I did have a little bit of a
12 preliminary one probably from my education and
13 awareness. You said you have 23 investigators that
14 are assigned to DOI's Squad 1 that's responsible for
15 overseeing DOC and the 12 of them are correction
16 officers and captains detailed to you all from DOC.

17 I guess and you also mentioned you know people
18 who might be suspicious or afraid of Law Enforcement
19 and reluctant to cooperate. Are those folks who are
20 CO's and Captains ever interacting in following up in
21 these investigations with people who might have made
22 complaints or allegations?

23 JOCELYN STAUBER: Yes, they would be included in
24 the staff who respond to PREA allegations and just to
25 be clear, they are detailed through an arrangement

1
2 that we have with DOC but they report up through the
3 DOI chain. They are you know full DOI investigators.

4 CHAIRPERSON NURSE: Okay.

5 JOCELYN STAUBER: And yes, they are -

6 CHAIRPERSON NURSE: How long are they normally
7 detailed with you?

8 JOCELYN STAUBER: I'm sorry?

9 CHAIRPERSON NURSE: How long are they detailed
10 with you?

11 JOCELYN STAUBER: There's no set time limit. So,
12 it's not like they rotate in and out on a regular
13 basis through our arrangement with DOC, they can
14 remain sometimes until a promotion where whether they
15 will stay or not will be revisited depending on our
16 needs and DOC's needs and through our MOU if there
17 are reasons for them to be recalled to DOC that can
18 happen but they're not on sort of a rotating very
19 limited time period or anything like that.

20 CHAIRPERSON NURSE: Okay like on average, do
21 people stay with you for like a year, a couple years,
22 or is it like more you know a couple months?

23 JOCELYN STAUBER: I would say it's a few years or
24 more for most people.

1
2 CHAIRPERSON NURSE: And are they in uniform by
3 chance when they're interacting with these folks?

4 JOCELYN STAUBER: No, they're not in DOC uniform.

5 CHAIRPERSON NURSE: Okay, I'm asking because I'm
6 just -

7 JOCELYN STAUBER: No and I was looking back to
8 check with our Acting Inspector General, which can
9 confirm my understanding that they're not in uniform.
10 They may be wearing clothing that identify them in
11 some way depending on their particular assignment
12 that day as DOI employees but they're not wearing
13 sort of DOC uniforms.

14 CHAIRPERSON NURSE: So, if they were to interact
15 with someone whose filed an allegation in the
16 investigation follow up or in the process somewhere,
17 would that person know that this person is a
18 Correction Officer?

19 JOCELYN STAUBER: Not necessarily, no.

20 CHAIRPERSON NURSE: Okay got it.

21 JOCELYN STAUBER: So, as was just explained, they
22 would know that they're an investigator. Now, they
23 may give their title. Their title would be captain,
24 so in that sense they would be identifying themselves
25 as part of you know, as a corrections employee.

1
2 CHAIRPERSON NURSE: Okay.

3 JOCELYN STAUBER: That's not- that doesn't happen
4 in every interaction.

5 CHAIRPERSON NURSE: Yeah, I understand I'm just
6 curious what the visibility of that is to someone who
7 might have made an accusation and now they're getting
8 an investigator that you know I think that there
9 might be - it's interesting. It's interesting to
10 learn about this because I just, I wonder how
11 effective it can really be. As if you work for -
12 you're a correction officer and you know that at some
13 point you might go back. You might be promoted up
14 back at DOC. These are your people. Like, these are
15 the people you rock with. You have a union, you know
16 there is as someone who grew up in a military and
17 knows what it means for people in uniform and how
18 they really like lock ranks on each other and hold
19 each other, it could be a situation where there's a
20 lot of space for uhm problematic activity is what I
21 would say.

22 JOCELYN STAUBER: So I mean I think it's - I
23 totally take your point and understand the concern.
24 I will say that these are with our other you know DOI
25 investigators. The officers that prosecute our cases

1
2 and make arrests for contraband that are you know
3 part of the fact finding investigations that result
4 in disciplinary referrals. So, we certainly have not
5 seen and would not tolerate any investigators within
6 DOI who we felt were not aligned with our mission but
7 were actually there to protect fellow officers, and
8 we have not, we have not seen that but I certainly
9 take your point that any identification associating
10 someone with the correction officer could be
11 concerning to a victim. I don't think we've had that
12 experience but I certainly understand the point.

13 CHAIRPERSON NURSE: Or it might be unknown to you
14 all because of the nature of it.

15 JOCELYN STAUBER: Correct.

16 CHAIRPERSON NURSE: But I guess I'm wondering - I
17 guess yeah, I'm just curious why the history of why
18 CO's in there? Why not just civilian staff doing
19 investigations as opposed to people who might be
20 detailed out for a year or two and then come back you
21 know biding their time. I'm really curious why it
22 wouldn't just be a civilian staff that are you know
23 trained investigators.

24 JOCELYN STAUBER: Yeah, it's a good question and
25 we have different arrangements throughout the agency

1
2 in terms of sort of what we call on long staff that
3 are employees of other agencies. So, we don't have
4 that in all of our squads but we have it in many
5 squads, not just DOC. The benefits of it are having
6 officers who really understand the internal workings
7 of an agency. Not just from an oversight perspective
8 and it's our obligation to understand all the
9 agencies we oversee but from an entity that sort of
10 is complex and multifaceted as DOC, we have found it
11 helpful to have officers who have worked in the
12 facilities themselves. And for the most part,
13 although I can't give you sort of for each officer
14 that we have, these are folks who are in within DOC.
15 Many of whom have worked in the capacity as
16 investigators.

17 So, you know their work in DOC has been to
18 investigate misconduct within DOC. We heard a lot
19 earlier about DOC's own ability to do that through
20 SIU etc..

21 CHAIRPERSON NURSE: Yup, no I'll move on from
22 this point. I mean I think arguably you could get
23 that same kind of insight and expertise from you know
24 someone whose not potentially going to go back you
25 know? Or who is just like temporarily assigned for a

1
2 year or two. Like this is a person who's no longer
3 there and recruiting from that pool of people to be
4 that inside knowledge, that institutional knowledge
5 that you're looking for in these other 12 folks that
6 are. It just seems like there could be some ways to
7 get around it. I mean, you're saying you haven't had
8 something specific or maybe you don't know and I take
9 you for your word at that.

10 Okay, so I mean we're here because of the Adult
11 Survivor Acts and the lawsuits that have been filed.
12 It's my understanding that DOI has the discretion to
13 begin a large scale investigation of any city agency,
14 against any city agency anytime it wants to and given
15 what you learned, are you all considering looking at
16 this in a very large scale way and whether there are
17 systemic problems at DOC that is resulting in high
18 rates of sexual violence over the years?

19 JOCELYN STAUBER: So, we are considering that and
20 to be clear, as we do and we do have a number of
21 ongoing investigations of sexual misconduct. We're
22 not just focused even in those cases on the
23 individual acts, we are also thinking about the
24 bigger picture and the recommendations that we have
25 made to date you know certainly highlight that. I

1 think the question is what and how best to address
2 the sort of overwhelming number of very serious
3 allegations you know that have been made recently and
4 whether we should be doing something bigger and more
5 comprehensive is something that we are thinking
6 about. One issue that we do have to be mindful of
7 when we think as a practical matter, how are we going
8 to go about doing this, is our staffing limitations
9 and you know so that is just a consideration that we
10 have to address. And so, I don't want to say that we
11 have decided that we're going to be doing something
12 and we certainly don't have a firm decision on a plan
13 of action but absolutely, I agree that what we're
14 seeing in these allegations warrants a sort of
15 broader question about whether our approach should be
16 or could be more comprehensive, which you know then
17 leads to the question of how would we efficiently and
18 effectively do that with the resources that we have?

20 CHAIRPERSON NURSE: Yeah, I mean I think one of
21 the reasons why we're having this hearing is because
22 we just - it feels like we haven't seen that kind of
23 five alarm fire response from the city you know and I
24 realize you're the only one here and it wasn't the
25 big dais but you know the Mayor, when asked about

1
2 these things, he's like oh, these happened a long
3 time ago and you know, it just, yeah, it just really
4 feels like we're not putting all in, like all hands
5 on deck situation to be like, this is a crisis. I
6 think Council Member Stevens called it an epidemic
7 both in our juvenile detention facilities and here
8 and you know the Council has specific sets of powers
9 but really, this comes down from the executive of the
10 city saying, holly shit this happened. I'm now in
11 charge. I signed up to inherit these problems.
12 Like, I got to put resources towards this.

13 So, I think you know I certainly would advocate
14 for DOI to take this on as a large scale
15 investigation because of you know obviously the
16 stories we heard today, the trauma that's ongoing,
17 the young people who are being sexually violated in
18 facilities that are run by the city. Do you all know
19 when you will be able to make that decision about
20 whether or not you will do it?

21 JOCELYN STAUBER: I mean I don't have a specific
22 timeframe to give you. It's something that we're
23 considering. I think the question of resources is a
24 very significant one.

25

1
2 CHAIRPERSON NURSE: What kind of resources would
3 you need for it?

4 JOCELYN STAUBER: I need additional people. I
5 mean if we're going to -

6 CHAIRPERSON NURSE: How many?

7 JOCELYN STAUBER: Well, see that would - that
8 would have to follow from a plan that has particular
9 components. We would also want liaise with DOC to
10 find out what they're doing so that - and we've heard
11 something today about what they're planning on doing
12 so we're not you know overlapping and we're using the
13 limited resources appropriately. But I think if we
14 were to take this on as sort of a large scale
15 comprehensive project, I would need more resources to
16 do that. Exactly how many, you know I would have to
17 come back to you on that.

18 CHAIRPERSON NURSE: Well, we would love to work
19 with you on that. I mean, I know that DOI isn't my
20 Committee but I would be happy to stand outside and
21 shout it from the mountain top to get you the
22 resources you need to take this on because it is so
23 egregious.

24 JOCELYN STAUBER: I'm happy to continue that
25 conversation. I certainly think it's worthy. I just

1
2 have to be realistic about what I can do with what I
3 have.

4 CHAIRPERSON NURSE: Okay.

5 COUNCIL MEMBER STEVENS: Thank you for being here
6 and I think even as we're thinking about this and
7 because I got like I'm on this Committee and my
8 Committee and all things that's happening and just
9 thinking about the investigation and as you're
10 putting it together, just trying to propose and think
11 if this would make sense of more around like sexual
12 assault in general and looking at it more
13 comprehensively in the system and maybe having an
14 investigation in that since we know that this is
15 happening and has happened and happening in the
16 juvenile centers and Rikers and things like that.
17 And thinking about something more comprehensive
18 because I'm always thinking about like what makes the
19 most sense. And also, we all know that we don't have
20 - well we do have an abundant of resources. The
21 problem is, they'd like us to think we don't but you
22 know how do we work together to try to put something
23 comprehensive in and then having an actual budget ask
24 ready for us to - me and Nurse to fight to get in the
25 budget. I think last year the only person who was

1
2 out there advocating for DOI was Council Member
3 Brewer but that's because if there's no ask, then
4 it's not being processed, we don't know and I know
5 for an agency like yours it gets hard because a lot
6 of times advocates are the ones that are pushing a
7 lot of the things but I think specially, how do you
8 use all of the Council Members to kind of support the
9 things that you need in order for your agencies to
10 operate efficiently and getting the support that you
11 need.

12 So, that was just - I guess it wasn't a question
13 but it was just like a proposal of thinking about how
14 do we look at this more holistically and not separate
15 because I think that that's also problematic right
16 because it's all interconnected and a lot of these
17 actors end up in other agencies in these places.

18 JOCELYN STAUBER: Well, I appreciate that and you
19 know you had asked the question about sexual abuse in
20 the juvenile facilities, which we oversee. We
21 actually issued a substantial report last week or the
22 week before.

23 COUNCIL MEMBER STEVENS: Also, I have questions.
24 I'll follow up with you about that later.

25

1
2 JOCELYN STAUBER: We had not been - that report
3 is not focused on that issue and I want to do a
4 little more reading up on the lawsuit that you
5 mentioned but certainly we try in every situation
6 where it fits to think about sort of citywide
7 solutions and certainly one of the things I think we
8 point out in our report is there are more parallels
9 than you might have expected between the juvenile
10 facilities and the adult facilities, which are
11 obviously very unfortunate parallels and so,
12 certainly we're open to thinking about this in a
13 broad way.

14 COUNCIL MEMBER STEVENS: Just for me, it's
15 understanding that a lot of the work is always
16 attached to the budget and so thinking about one, how
17 do we work together to ensure the agency is properly
18 funded and also the support that you guys need
19 because it is important work and I think now more
20 than ever because as we're seeing, sometimes the
21 things that we're trying to get at in information
22 isn't available because agencies aren't making it
23 available. And so, we need to make sure that
24 agencies like hers is properly funded, so thank you.

1
2 CHAIRPERSON NURSE: Yeah, what type of evidence
3 or information does DOC typically provide when they
4 inform the DOI Duty Team that there's been an
5 allegation of sexual abuse? And is it enough to make
6 an informed decision about whether DOI should be
7 handling the case?

8 JOCELYN STAUBER: So, my understanding is we are
9 getting the complaint itself referred to us and at
10 that point, DOC has not done an investigation. So,
11 what we do and that's sort of by design because we're
12 taking that first look in that first 24 hour period.
13 What we're doing is really focused therefore on the
14 complaint itself and what kind of information does it
15 give us? Does it give us enough information to know
16 sort of what video we might pull? Is there an
17 officer name? Can we look through our system to see
18 whether there were prior complaints? We can also
19 look and see, did the victim ever make a complaint
20 previously if we have the victims name. So, we're
21 trying to see what inquiry can we make just based on
22 the complaint? And if we can make some headway and
23 there's sufficient facts for us to go and develop
24 some more evidence, then generally, although it's on
25 a case by case basis and I describe some of the other

1
2 factors we consider like the seriousness of the
3 allegations. Does it involve physical contact versus
4 verbal harassment, which is not to say verbal
5 harassment isn't serious? It's simply how are we
6 going to allocate our resources. We look at all of
7 those things and then if we can continue the
8 investigation, if the complaint gives us sufficient
9 information to do that, we generally will do that.

10 If not, we will clear DOC to do an investigation
11 and then as I mentioned, to the extent that DOC
12 develops evidence of criminality, they are obligated
13 to refer that back to us so that we can pick up the
14 investigation from there if we think that that's
15 warranted.

16 CHAIRPERSON NURSE: Thank you for that. In your
17 opening statement, you said that when considering
18 whether to retain a case for investigation, the
19 agency considers factors such as whether detailed
20 information was provided by DOC. Whether the alleged
21 abuser has been the subject of previous accusations.
22 Whether physical contact was alleged, as you
23 mentioned, and DOI's investigative resources at the
24 time of the complaint.

1
2 One of the factors considered is whether the
3 alleged abuser has been the subject of previous
4 accusations. Does DOI rely on DOC to inform them if
5 the subject of the complaint has faced previous
6 accusations or is that information something your
7 agency tracks independently?

8 JOCELYN STAUBER: Well, we may have and should
9 have given the nature of the reporting system under
10 PREA, we should have any prior complaints of sexual
11 abuse and we maintain our own case management system
12 where we file every complaint that comes in. So,
13 even if it was too vague but it had, let's say it had
14 an officers name but no other detail. We weren't
15 able to follow up on it further. We would still have
16 a record of that. We could always go back to DOC to
17 confirm whether there's anything they know that we
18 don't but we should, based on the reporting rules, we
19 should have any allegation of sexual abuse at least
20 when it falls under PREA, against an officer.

21 CHAIRPERSON NURSE: Council Member Stevens, do
22 you have a final question? That's all our questions.
23 Thank you so much for your answers and we'd love to
24 follow up with you and really would love to work with
25 you to make sure we're able to make this a priority.

1
2 It's clear that the Executive of this city is not
3 making it a priority. I mean, this is a person who
4 talks about women as eye candy publicly, so I don't
5 know how much that's connecting from the top but this
6 is a Council of mostly women. Like, we are here as a
7 resource to protect other women and we want to work
8 with you so let us know what it would cost. What you
9 need to hire people up. What do you need? We want
10 to make sure it happens and thank you for being here.

11 JOCELYN STAUBER: I appreciate that offer of
12 support very much. Thank you.

13 CHAIRPERSON NURSE: Thank you. Okay, now we are
14 going to turn to public testimony. I'm going to read
15 this scripted thing so we can all be on our best
16 behavior. I'm going to now open for public hearing,
17 the hearing for public testimony. I remind members
18 of the public that this is a government proceeding
19 and that decorum shall be observed at all times. As
20 such, members of the public shall remain silent at
21 all times.

22 The witness table is reserved for people who wish
23 to testify. No video recording or photography is
24 allowed from the witness table. Further, members of
25 the public may not present audio or video recordings

1
2 as testimony but may submit transcripts of such
3 recordings to the Sergeant at Arms for inclusion in
4 the hearing record. If you wish to speak at today's
5 hearing, please fill out an appearance card with the
6 Sergeant at Arms and wait to be recognized. When
7 recognized, you will have two minutes to speak on the
8 topic of the bills we are considering today. If you
9 have a written statement or additional written
10 testimony you wish to submit for the record, please
11 provide a copy of that testimony to the Sergeant at
12 Arms. You may also email written testimony to
13 testimony@council.nyc.gov within 72 hours of this
14 hearing. Audio and video recordings will not be
15 accepted. We will be doing three minutes. We have a
16 smaller group today, so I will be somewhat generous
17 but not too generous. If you're not on topic, I will
18 ask you to stop.

19 Okay, so our first panel will be Anna Kull,
20 Konstantin Yelisavetskiy. I'm so sorry if I'm
21 butchering these names. Barabra Hamilton, and
22 Michael Klinger. And you can begin when ready, just
23 make sure the red dot is on so we can hear you.

24 ANNA KULL: Chair Nurse, members of the Council,
25 my name is Anna Kull and I'm an attorney for the

1
2 sexual abuse survivors. Some of whom you've heard
3 from today. Thank you for the opportunity to testify
4 regarding the ongoing issue of sexual abuse within
5 New York City prisons, particularly at the Rose M.
6 Singer Center on Rikers Island.

7 The abuse of incarcerated women has been
8 perpetrated at Rikers by Correctional Officers with
9 impunity for decades. Regrettably the topic of staff
10 on inmate sexual violence at Rikers is far from new.
11 Indeed, this Council has convened here on this topic
12 and discussed proposed reforms and accountability
13 measures in response to ongoing issues of sexual
14 violence at this facility many times before.

15 This Council has long heard about the horrors on
16 Rikers Island. These horrors have been brought to
17 light through journalistic investigations,
18 organizations, survivors through testimony and public
19 advocates who have all urged the New York City
20 Department of Corrections to eliminate sexual abuse
21 at Rosie's.

22 For decades, the endemic of sexual violence at
23 Rosie's has been well documented and well known. On
24 November 23, 2023, the New York Adult Survivors Act
25 opened a one year window permitting sexual abuse

1
2 survivors to file claims and seek legal redress
3 against institutions and their abusers no matter when
4 those claims arose.

5 Over 700 cases were filed under this Act alleging
6 sexual violence at Rikers. These cases have shed
7 light on the rampant sexual violence faced by women
8 that have spanned for four decades. I represent over
9 200 of these survivors and these women are the
10 victims that this Council has been asked to protect.
11 These are the victims that the Department of
12 Corrections had a duty to protect.

13 These cases have brought forward chilling
14 accounts of abuse by Correctional Officers.
15 Individuals who are entrusted with the care and
16 safety of those in their custody, but instead
17 exploited their power to commit unspeakable acts of
18 sexual violence. Survivors today have courageously
19 shared their stories and if you were listening, they
20 have revealed patterns of coercion, corruption,
21 violence, and intimidation over four decades.

22 What is even more troubling is that many of the
23 officers implicated in these sex crimes in the cases
24 that have been filed. Have continued to remain
25 employed by the New York City Department of

1
2 Corrections even after the lawsuits were filed, and
3 it was not until the cases attracted media scrutiny
4 and public outcry that did the Department of
5 Corrections take any meaningful steps to address the
6 allegations, including suspending or removing these
7 officers. And despite what was said here today,
8 there has been ample notice of these lawsuits. In
9 fact, I personally provided it. I provided it to the
10 Law Department and I provided it through cooperation
11 with the media to spread awareness of this ongoing,
12 horrific problem.

13 This delay in action resulted in one alleged
14 accuser - excuse me, abuser in being arrested for
15 raping a woman while off duty in Queens in April of
16 this year. That rape could have been prevented if
17 the Department of Corrections took the necessary
18 steps after being put on notice of the allegations
19 that my clients have personally made in these
20 complaints. This delay in action sends a very
21 distressing message that the safety of incarcerated
22 women is secondary to preserving institutional
23 reputation and we cannot tolerate that.

24 The sheer volume of cases and the subsequent
25 inaction by the Department of Corrections points to a

1
2 systemic issue that extends beyond a few bad actors
3 and it extends beyond those who we have identified in
4 our cases. It demonstrates a deeply rooted culture
5 within the Department of Corrections that has failed
6 to hold perpetrators accountable, allowing abuse to
7 persist and assist in repower dynamics are already
8 putting survivors at a severe disadvantage. The
9 culture of impunity must end. The women who have
10 suffered while in custody deserve justice,
11 accountability, and meaningful reform.

12 This Council has a critical role to play in
13 ensuring that all who are in Department of
14 Corrections custody, including the most vulnerable
15 are treated with dignity and respect. Survivors of
16 this abuse must be compensated, not only for the
17 legacy of trauma they have endured but for the
18 failure of the system to protect them.

19 I urge this Council to press for comprehensive
20 oversight and policy changes. I urge the Department
21 of Investigations to launch a deeper investigation
22 into what can only be considered a rogue
23 organization.

24 CHAIRPERSON NURSE: Thank you. Can you please
25 wrap your testimony?

1
2 ANNA KULL: I am. Thank you. I'll just end with
3 as an attorney representing sex abuse survivors by
4 the thousands, systemic sexual violence does not
5 exist without institutional tolerance and that's what
6 we need to come back. Thank you.

7 CHAIRPERSON NURSE: Thank you. Thank you. I
8 know that there's a lot to be said here. I just want
9 to be fair to everyone. You're the first, so
10 sometimes that allows a little bit more time. That's
11 not going to be the general.

12 ANNA KULL: Thank you.

13 CHAIRPERSON NURSE: Way we're going to move
14 forward. Thank you.

15 KONSTANTIN YELISAVETSKIY: Chair Nurse and
16 members of the Committee on Criminal Justice, thank
17 you for the opportunity to testify on behalf of the
18 approximately 1,800 Slater Slater Shulman clients who
19 are survivors of jail and prison sexual assault in
20 New York. My name is Konstantin Yelisavetskiy, I'm
21 the Managing Attorney at Slater Slater Shulman in our
22 New York City office and I directly oversee the Adult
23 Survivors Act cases. Our firm is filed on behalf of
24 all these survivors including 473 cases stemming out
25 of Rikers.

1
2 We are honored to represent Ms. Karen Klines same
3 as Tasha Carter Beasley, two courageous survivors who
4 bravely testified before this panel earlier. We are
5 grateful that the Council is paying attention to this
6 problem, even though it extends far beyond the
7 borders of New York City. The pervasiveness of
8 rampant and unchecked sexual assaults of inmates, by
9 jail employees has been recognized and thoroughly
10 documented throughout the U.S. Correctional systems.

11 In 2003, the U.S. Congress enacted the Prison
12 Rape Elimination Act at PREA to establish national
13 standards for preventing and responding to sexual
14 abuse of federal inmates. PREA requires a strict
15 written policy mandating zero tolerance towards all
16 forms of sexual abuse and sexual harassment and
17 outlining an approach to preventing, detecting and
18 responding to such conduct.

19 The City Department of Corrections has failed
20 this mandate and failed the women that they were
21 supposed to protect. These brave survivors of sexual
22 assault were in jail serving sentences decided by our
23 justice system or alternatively awaiting a judicial
24 hearing that would determine their fate. What they
25 were given instead were life sentences of trauma.

1
2 Earlier today, Chair Nurse, Council Member Stevens,
3 Council Member Cabàn, who is no longer here, hit the
4 nail on the head. There's a five percent
5 substantiation rate when investigations are
6 conducted. By definition, that means 95 percent of
7 the survivors who are brave enough to report their
8 sexual abuse are not believed and people can sit here
9 all day long and tell you that they believe survivors
10 when there is a five percent substantiation rate. By
11 definition, that means they don't believe 95 percent
12 of them. A five percent substantiation rate means
13 that the system of investigating these allegations is
14 either broken or fraudulent.

15 There is no other explanation for why only five
16 percent of allegations are substantiated. In
17 addition to the typical evidence of these kinds of
18 cases including witnesses, we have clients who have
19 been treated for sexually transmitted diseases,
20 including HIV, which they contracted during their
21 incarceration. We have other clients who were
22 impregnated and had abortions or delivered a child
23 and the officers name is on the birth certificate.

24 I'm approaching the end. Multiple unrelated
25 clients incarcerated at different times, including

1
2 Ms. Klines and including Ms. Carter Beasley, have
3 reported assaults by the same guard indicating a
4 pattern of repeated abuse and neglect. Eighteen of
5 our clients at Rikers Island independently implicated
6 a notorious DOC employee who went by the nickname
7 Champaign.

8 The Adult Survivors Act sponsored by Senator
9 Hoylman and Assembly Member Rosenthal gave my firm
10 and other firms the tool it needed to file cases but
11 our work, all of our work is not done. There are
12 many factors that deter individuals from filing
13 lawsuits for sexual crimes or reporting their own
14 abuse.

15 Incarcerated people added barriers to justice
16 including retaliation by correctional staff. We need
17 to reform and overall the practices and procedures
18 they allow in New York City jails to hire and retain
19 abusers and to turn a blind eye when sexual assaults
20 are reported. Thank you very much for your time.

21 BARBARA HAMILTON: Good afternoon Chair Nurse and
22 members of the Committee. My name is Barbara
23 Hamilton. I am the Director of Incarcerated Client
24 Services at the Legal Aid Society and I thank you for
25 the opportunity to testify here today.

1
2 As you know Legal Aid is urging the City Council
3 to act on this and what I would say is its time for a
4 reckoning on this issue. Legal Aid has represented
5 and interviewed many people who are sexually abused,
6 harassed and assaulted in DOC custody and what we
7 found during our very long investigation is that
8 there is a deep seeded culture where correctional
9 staff exploit their authority with impunity. And
10 despite repeated warnings to the city and the
11 Department of Correction, there has been no attempt
12 to meaningful remedy this situation as we saw here
13 today.

14 The practices enacted by DOC fail to demonstrate
15 and the intent to actually and electively change the
16 status quo. There is a failure to conduct meaningful
17 and robust and timely investigations. A big issue is
18 people being subject to retaliation for reporting and
19 allegations of sexual abuse against staff as
20 discussed today are rarely substantiated. It was one
21 half of a percent out of 1,500 cases.

22 DOC first and foremost must comply with PREA and
23 Legal Aid will recommend independent audits inside
24 PREA to make sure that the Department is conforming.
25 DOC must enact hiring processes that screen

1
2 perspective correction officers. DOC must implement
3 policies to protect people in custody who report
4 sexual abuse from retaliation and to really
5 meaningfully connect them with services.

6 The city and DOC must conduct meaningful and
7 timely investigations into allegations of sexual
8 abuse. And we agree that DOC must adequately train
9 its correction officers, supervisors, medical staff,
10 and investigator to detect, report and thoroughly
11 investigate sexual abuse.

12 To that end, Legal Aid supports Intro. 830 2024.
13 We do have suggestions to make the bill more robust.
14 For example, we suggest having proficiency audits,
15 enforcement and monitoring. The standard of proof
16 for investigator should be clear and they should use
17 the PREA standard definition for sexual violence
18 rather than the penal code definition. Individuals
19 who report should be deemed credible until proven
20 otherwise. Investigators should meaningful look at
21 previous reports, even if they were unsubstantiated
22 against staff. And the chronically, extremely low
23 rate of substantiation of abuse is unacceptable.

24 Lastly, DOC must hold staff accountable, as well
25 as the city for abuse, retaliation and sexual

1
2 exploitation and assault in a meaningful and timely
3 manner through the internal disciplinary processes,
4 as well as referrals for criminal prosecution. Thank
5 you for your time.

6 MICHAEL KLINGER: Good afternoon. My name is
7 Michael Klinger. I am a Jail Services Attorney with
8 Brooklyn Defender Services. Thank you for the
9 opportunity to testify today.

10 Today's Committee report expresses the
11 Committee's concern that the Department might be
12 undercounting or missing allegations of sexual abuse.
13 We share your concern and based on our clients
14 experience; we know they are. The Adult Survivors
15 Act has pulled back the curtain on a world of sexual
16 abuse on Rikers Island that should shock us but it
17 should not surprise us because we've long known about
18 DOC's culture of brutality and abuse, not only
19 through the reports of the NUNEZ Monitor, which
20 focuses on violence in the jails but also from a 2013
21 DOJ survey that found the Rose M. Singer Center to
22 have one of the highest rates of reported sexual
23 victimization by staff in the nation. At Brooklyn
24 Defenders, when the people we represent share their
25 experiences of sexual harassment and assault by staff

1
2 on Rikers, they simultaneously say they are afraid to
3 report it. They are afraid to report not only out of
4 fear of retaliation but because of a fear of the
5 investigatory process itself. A process that is both
6 dangerous and in their view futile.

7 The Department is far from adequately performing
8 its obligations under PREA. These failures are
9 endemic. The consequences of a department culture
10 that tolerates abuse and retribution against people
11 in custody and fails to hold abusers accountable.

12 In considering Intro. 830 today, we urge the
13 Council to think creatively of ways to designate an
14 authority external to the Department with
15 responsibility for investigating allegations of
16 sexual assaults and abuse, as well as providing
17 trainings related to PREA implementation. The
18 potential cost of the Adult Survivors Act claims
19 nearly \$15 billion is a frightening indication of the
20 scope of the problem to date and we cannot pretend to
21 trust that this Department is capable of creating
22 conditions where our clients might ever feel safe
23 enough to trust in a reporting system that has so far
24 succeeded only in silencing them. Thank you.

1
2 CHAIRPERSON NURSE: Thank you all for your
3 testimony. I don't think we have any questions.
4 Appreciate you all coming down today and sharing and
5 for you know bringing clients with you. We
6 appreciate it. Our next panel will be Yonah Zeitz,
7 Leah Faria, Dr. V., Christopher Leon Johnson. You
8 don't want to testify? Okay.

9 Whenever you're ready, you can begin.

10 LEAH FARIA: Thank you Chair Nurse and the other
11 members of the Committee. Good afternoon, my name is
12 Leah Faria and I am the Director of Community
13 Engagement at the Women's Community Justice
14 Association and I am here testifying on behalf of the
15 Beyond Rosie's Campaign.

16 As you know, under the Adult Survivors Act, over
17 700 women have reported serious sexual abuse at the
18 Rose M. Singer Center on Rikers Island, spanning
19 nearly 50 years. Their allegations against the
20 officers charged with their care range from coercion
21 to violent rape. One would think that allegations on
22 that scale would prompt some serious self-examination
23 on the part of the City of New York or at least a
24 major investigation. Instead, the city has been
25 sitting on their hands. No outside investigative

1
2 body has been appointed or funded. Guards accused of
3 multiple sorts were pulled from their post only
4 following scathe and media coverage. The picture
5 this paints is not pretty. It is a picture of a
6 culture where serial rape was taken for granted for
7 decades and still isn't taken seriously enough
8 because the victims were incarcerated women and its
9 perpetrators wore badges, and that must change at
10 every level of New York government in carceral
11 system. That the victims of these assaults were
12 incarcerated at the time speaks volumes about their
13 context. The vast power imbalance between correction
14 officers and incarcerated people is rightful abuse.

15 Incarcerated people are effectively stripped of
16 their bodily autonomy. They depend on Correction
17 Officers for their most basic needs, food, clothing,
18 even access to the bathroom and have no real means to
19 remove themselves from dangerous or abusive
20 situations within the jail.

21 To report abuse is to court retaliation from
22 people who control literally every aspect of their
23 lives. This is a problem that runs deeper than a few
24 bad apples. Although I want to emphasize that one
25 would be too many. This is about inherit the

1
2 humanization of incarceration and the inevitable
3 abuse of absolute power. This is about
4 accountability yes, but even more, it's about the
5 injustice of placing people in a position of such
6 total vulnerability to what amounts to an illusion of
7 increased public safety.

8 It would be easy to solely blame the culture of
9 Corrections or its leadership at the times of various
10 assaults but the roots of this epidemic of sexual
11 violence run far deeper. To confront it is a serious
12 way required - in this serious way requires
13 challenging the system of incarceration as a whole
14 and to address it effectively requires the city at
15 every level to prioritize both decarceration and the
16 substantial change in the culture surrounding
17 corrections.

18 We applaud the concrete steps that have been
19 taken, the introduction of Intro. 792 and 830 and
20 this hearing itself are excellent starts, and as the
21 new leadership at DOC who seems to grasp the urgent
22 need for a systemwide change. We urge the Council to
23 adopt Intro. 792 and 830 and the Department of
24 Correction to seriously examine and channel in the
25 factors that contributed to the culture of impunity

1
2 around 50 years of sexual abuse, and both bodies
3 prioritize mass decarceration especially for women
4 and gender expansive people. Thank you.

5 YONAH ZEITZ: Thank you Chair Nurse for holding
6 today's important Committee hearing on preventing and
7 addressing sexual assault and harassment in New York
8 City jails. My name is Yonah Zeitz and I'm the
9 Advocacy Director at the Katal Center for Equity
10 Health and Justice, and our members are from all
11 across the city and they include people that have
12 been incarcerated at Rikers, family members that are
13 currently and formerly incarcerated at Rikers and I
14 think they all know too well how horrific Rikers
15 really is and have experienced the harms, many that
16 were mentioned today throughout the hearing. And are
17 deeply concerned about the ongoing disaster unfolding
18 in our city's jail system. And so, we submit this
19 testimony to bring your attention to the crisis at
20 Rikers and the need to immediately shutter the
21 notorious and deadly jail complex.

22 You know New Yorkers across the city are deeply
23 concerned with what's happening at Rikers and since
24 Mayor Adams took office, the overlapping crisis and
25 scandals on Rikers and throughout his entire

1 administration have only worsened. And today's
2 hearing is a great example of that. The
3 Administration has stymied the process of
4 investigating sexual abuse cases with more than 45
5 percent of them going beyond the legal mandate. The
6 number of substantiated cases of sexual abuse
7 decreased under this Administration to 3.4 percent
8 last year, so it's even below the 5 percent the
9 previous speaker just named. And if 5 percent is
10 abysmal, then 3.4 percent is even worse and it's
11 about half the national average, which is about 6
12 percent for substantiated claims of sexual abuse in
13 correctional facilities. So this is absolutely
14 unacceptable. You know we've been horrible at this
15 as a city and it's only gotten worse under this
16 current Administration.

18 Along with you know the rampant sexual abuse at
19 Rikers, violence is also out of control. At least 33
20 people have died in city jails under this
21 Administration and it's been clear that under this
22 Mayor, even the most basic aspect of operations at
23 Rikers have further unraveled into disarray and
24 avenues of accountability have been removed. And so,
25 we support the bills today focused on increasing

1
2 transparency, safe guards and accountability at
3 Rikers to prevent sexual abuse and to end the culture
4 of impunity in the DOC. However, it's clear that the
5 only solution is to shut down Rikers once and for all
6 and that has to be at the forefront of all city
7 policy.

8 And given the ongoing crises, more drastic
9 measures are needed to address the longstanding
10 issues plaguing the justice system to prevent further
11 abuse, harm and death to the people currently
12 incarcerated there. And that's why until Rikers is
13 closed, we're calling for the federal courts to
14 immediately intervene and appoint an independent
15 receiver to improve conditions and save lives. It's
16 abundantly clear and I think the testimony from the
17 DOC made it even more clear that this Administration
18 and Department is both unwilling and unable to
19 address the deep seeded issues plaguing the jail
20 system. And so, there needs to be more drastic steps
21 that are taken because it's clear that they're not
22 willing to do it. And so, thank you for the time and
23 appreciate this hearing today.

24 CHRISTOPHER LEON JOHNSON: Alright, good
25 afternoon. My name is Christopher Leon Johnson

1
2 Sandy, like I said on Twitter. I lost my words in
3 that situation you went through in Rikers. Nobody
4 should go through that, let's make that clear.

5 Let me say something. I know this is a different
6 panel you wanted me to be on, you wanted me to be on
7 the last one with the people that's against all the
8 bills but what we have to do is we have to refund the
9 DOC. We have to refund our police. We have to
10 interject the sexual assault into domestic violence
11 because once we get that, we can start funding these
12 organizations more with domestic violence funding.

13 Let me make this clear right, look, there's a lot of
14 sexual assaults in these jails like Rikers. I don't
15 believe it should be closed because that's nothing
16 but a land graft for the developers but we have to
17 start talking about in the City Council, especially
18 in this Committee about the female Correction
19 Officers that get sexually assaulted. The female
20 employees of DOC that get sexually assaulted in the
21 jails too. Yeah, there's a lot of inmates, of female
22 inmates and male inmates to that get sexually
23 assaulted but the employees and the Corrections
24 Officers they're getting left out of the equation.
25 And what's going on I don't think it's just you

1
2 Sandy, it's just a big, bigger thing in a whole with
3 these nonprofits is that they just want to make it
4 all about inmates, inmates, inmates. Like they're
5 the only victims of sexual assault in these jails,
6 which is yeah, they're not the only ones. There's
7 other victims in these jails, like the CO's and the
8 employees. But going forward, to have the
9 conversation go wide is that you have to start
10 recognizing these victims such as the employees and
11 the Correction Officers instead of just the inmates
12 because let's keep it real, they're a inmates that
13 shouldn't be there. And that's why you all want this
14 closed because guys shouldn't be there but there's a
15 certain amount of people that should be in Rikers
16 that should be in these jails.

17 And I want to make this clear, just closing down
18 Rikers is not going to fix this because you can close
19 down Rikers all you want, you have to jail these
20 people somewhere and they're going to build borough
21 based jails. So, it's not going to solve anything.
22 Closing Rikers will never solve ending the sexual
23 assault pandemic in the New York City jail system.

24 Like I said, it is education. It is refunding
25 our police, refunding the DOC, and since it's the

1
2 last day of Domestic Violence Awareness Month, next
3 year, I hope next year that the City Council adopts a
4 Resolution to add sexual assault and sexual
5 harassment into the definition of domestic violence
6 so all these nonprofits can allot the funding and the
7 DOC can allot the funding to start advocating more to
8 protect these inmates and the employees from sexual
9 assault. And we need to help out the DOI. And one
10 more thing, DOI needs to start investigating Brad
11 Lander. That's it, thank you.

12 DR. V: Peace and blessing everyone. Can you
13 hear me? First, I just want to acknowledge Chair
14 Council Member Sandy Nurse. Thank you so much and
15 all the other Council Members. You got to give
16 respect where respect is due. Peace and blessings
17 everyone all Chairs and Council Members. I'm
18 Chaplain Dr. Victoria A. Phillips a.k.a. Dr. V.

19 Today I'm speaking from several volunteer and
20 contracted positions. Today, there was over \$1
21 million in salaries at this very table yet very few
22 answers. Various levels were asked under one topic,
23 yet few answers. So, I'm just wondering just a few
24 things. Blind spots, I've been asking and actually
25 speaking and advocating about this since 2012.

1
2 Myself and others have fought and have gotten over
3 14,000 cameras on Rikers Island but it's not enough.
4 I will say this Commissioner has been patrolling the
5 jails often and even has leadership doing so. Still
6 unfortunately it's not enough to shift the old school
7 jailing, actual lawlessness that occurs, nor the
8 inhumane culture.

9 So, let's be clear, one out of four women go into
10 Rosie's already being a survivor of sexual assault.
11 When we speak of trauma, who are we incarcerating? I
12 testify before this Committee when Council Member
13 Powers was Chair and asked for an increase in DOI and
14 I asked for an increase in officers because they were
15 working 24 hours around the clock back then, and I
16 asked for an increase in funding for programming. In
17 the past, DOI has actually been guilty of holding up
18 cases until someone has moved, been transferred or
19 released. Quite frankly they themselves need their
20 own level of accountability.

21 Today, the Commissioner mentioned 19
22 investigators have 25 cases equally. That adds up to
23 475 but over 700 cases still need to be investigated.
24 The Commissioner said she needs at least 14 more.
25 So, at 25 cases, that would be about they've covered

1
2 350 cases, that will cover the 700 backlog and leave
3 space to investigate cases in real time. Let's give
4 it to them so we can truly hold them accountable.

5 Accountability must begin to be real. When DOC
6 says they responded in 2012 to 24 hours after an
7 allegation has occurred, that's a lie. I know for a
8 fact this year alone, I know for a fact this year
9 alone, DOC union has referred an officer to me after
10 being sexually assaulted in a facility caught on
11 tape. The officer was suspended but not because of
12 the allegation. He was suspended because he was
13 caught drinking on duty. The investigators didn't
14 even respond to that officer until after 20 days and
15 that was when I reached out to head leadership at DOC
16 to see what was going on.

17 I'm saying that because if that is what's
18 happening to an officer, what's happening to a
19 detainee? And when we talk about accountability,
20 this year alone, I, myself, was threatened by an
21 officer at BOC after testifying in the same room and
22 I'm saying it here because the Chair of the Board of
23 Correction oversight actually told me he saw what
24 happened. That the President of the Union would have
25 to take care of that officer. I had to testify.

1
2 Give me three more seconds. Four more times on the
3 record and do my own due diligence to make sure that
4 officer no longer can threaten me or anybody else.

5 But again, what happens behind the walls when someone
6 puts a grievance in? If my grievance is disrespected
7 on the outside, what is happening to those who need
8 us to do our jobs and speak for them? And when we
9 talk about accountability, it has to be something
10 that is real because everybody is not as strong as me
11 and even us strong ones need support and backup. I
12 didn't have nobody standing up for me but my God and
13 my ancestors and I was able to fight for myself. But
14 when I leave people behind the walls who cry and beg
15 me for help and I can't save them, I'm asking you to
16 try and join this fight to save them. Peace and
17 blessings.

18 CHAIRPERSON NURSE: Thank you. Thank you all for
19 testifying. Okay, that is it today. Sorry, I'm just
20 going to call one person Kelly Grace Price, if you
21 are on the Zoom, let yourself be known. You are not
22 on the Zoom. Okay, well thank you. Thank you to the
23 staff. Thank you Jeremy not only for holding us down
24 and all the work you've put into it. Thank you
25 Council Member Stevens for hanging out and staying

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

and saying stuff. This is the end of the hearing.

[GAVEL]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date November 24, 2024