



**STATE OF INDIANA  
Department of Correction**

Indiana Government Center—South

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**Christina Reagle**  
Commissioner

## 2023 Sexual Abuse Prevention Program Annual Report

This report provides a summary of the sexual incident report data collected in 2023, compares reporting data with the previous two years, summarizes problems identified and corrective actions completed, changes made to improve compliance with PREA standards, and identifies continued needs for compliance for the Agency.

### 1. Summary of SIR data for 2023

<b>2023 AGENCY TOTALS</b>	<b>Substantiated</b>	<b>Unsubstantiated</b>	<b>Unfounded</b>	<b>Ongoing Invest</b>	<b>Total</b>
<b>Inmate Sexual Harassment</b>	6	65	24	4	<b>99</b>
<b>Abusive Sexual Contact</b>	17	67	18	12	<b>114</b>
<b>Nonconsensual Sexual Act</b>	1	21	9	12	<b>43</b>
<b>Staff Sexual Harassment</b>	5	49	30	3	<b>87</b>
<b>Staff Sexual Misconduct</b>	14	26	14	5	<b>59</b>
<b>Totals</b>	<b>43</b>	<b>228</b>	<b>95</b>	<b>36</b>	<b>402</b>

### 2. Comparison of 2023 SIR data with previous two years.

<b>2022 AGENCY TOTALS</b>	<b>Substantiated</b>	<b>Unsubstantiated</b>	<b>Unfounded</b>	<b>Ongoing Invest</b>	<b>Total</b>
<b>Inmate Sexual Harassment</b>	5	46	15	10	<b>76</b>
<b>Abusive Sexual Contact</b>	2	17	16	7	<b>42</b>
<b>Nonconsensual Sexual Act</b>	2	23	14	9	<b>48</b>
<b>Staff Sexual Harassment</b>	2	50	19	10	<b>81</b>
<b>Staff Sexual Misconduct</b>	10	13	21	2	<b>46</b>
<b>Totals</b>	<b>21</b>	<b>149</b>	<b>85</b>	<b>38</b>	<b>293</b>

<b>2021 AGENCY TOTALS</b>	<b>Substantiated</b>	<b>Unsubstantiated</b>	<b>Unfounded</b>	<b>Ongoing Invest</b>	<b>Total</b>
<b>Inmate Sexual Harassment</b>	16	49	29	11	<b>105</b>
<b>Abusive Sexual Contact</b>	4	34	14	8	<b>60</b>
<b>Nonconsensual Sexual Act</b>	4	36	31	15	<b>86</b>
<b>Staff Sexual Harassment</b>	4	35	26	8	<b>73</b>
<b>Staff Sexual Misconduct</b>	23	21	33	15	<b>92</b>
<b>Totals</b>	<b>51</b>	<b>175</b>	<b>133</b>	<b>57</b>	<b>416</b>

The number of substantiated reports for the last three years is as follows:

2021 - 51 total substantiated reports  
2022 - 21 total substantiated reports  
2023 - 43 total substantiated reports

In comparing the data from the last two years to 2023, the overall number of PREA incidents reported are up by 37% from 2022 while still slightly lower than 2021. The number of substantiated investigations is approximately double what was reported the prior year (2022). Substantiated staff sexual misconduct cases were increased by four. Additional targeted training provided by the Moss Group for Investigation / Intelligence staff and Wardens has improved their ability to conduct sexual abuse investigations. Staffs improved understanding of the evidentiary standards required to substantiate an investigation may have contributed to the higher number of substantiated cases. The noticeable rise in abusive sexual contact reports may be due to the agencies continued efforts to educate incarcerated individuals as it pertains to PREA reporting. Also, an emphasis on staff training correlating to proper incident reporting could be a factor.

### **3. Problems identified and corrective actions taken.**

**The following are corrective actions by the agency in 2023:**

There were no corrective actions during a PREA audit at the agency level in 2023.

**The following are corrective actions as a result of incident reviews by facilities during 2023:**

Indiana State Prison

- Ensure correct identification of a case as criminal or administrative to ensure case will be prosecutable when appropriate.
- Ensure a victim advocate is offered to the victim.
- Ensure a review of whether staff actions or failure to act contributed to the incident in the case report.
- Documentation of reason for placement in restrictive housing is made and appropriate.
- Use the correct monitoring forms in all investigations - must have the signatures for all meetings.

Indiana Women's Prison

- Staff working at IWP primarily assigned to male facilities must sign off on PREA training for gender differences before working at IWP.
- Ensure all staff that enter IWP are approved by the Facility head and have proper valid background checks.

- Staff must have incarcerated individuals exit their rooms/cell prior to daily searches.
- Reinforced Staff are never to be alone with incarcerated individuals unless it is part of their job duties.

#### Madison Correctional Facility

- Additional rounds being completed by custody during the day and evenings in the library and gym when those locations are open to the incarcerated population.
- Request made for additional cameras to be added.
- Additional information to be shared with custody regarding PREA definitions and reporting.

#### New Castle Correctional Facility

- Investigation interviews to be completed in a timely manner. Investigation process to be completed within appropriate timelines.

#### Pendleton Juvenile Correctional Facility

- Implemented limited distribution email to improve confidentiality of review and investigation of PREA identified incidents.
- Error in PREA incident data tracking identified and corrected.

#### Rockville Correctional Facility

- Ensure bed/housing changes were made and action with staff taken when appropriate. Job reclasses completed when appropriate. Monitoring status requested/approved when appropriate.

#### Westville Correctional Facility

- New facility procedure established for completing PREA assessments. Facility PREA Compliance Manager completes PREA assessments for new individuals arriving at the facility. PCM works with unit team to ensure assessments are conducted within the established time frames.

#### Branchville Correctional Facility

- SART members identified to complete mandatory recertification training which is due.

#### Edinburgh Correctional Facility

- The Facility Compliance Manager now has the PREA reporting hotline sent directly to a cell phone for immediate notification.

#### Miami Correctional Facility

- Ensure investigations are conducted in established time frames.
- Cameras were adjusted to ensure optimal coverage.

#### Wabash Valley Correctional Facility

- Error in PREA incident data tracking identified and corrected.

#### **The following are corrective actions as a result of facility PREA audits during 2023:**

#### Plainfield Correctional Facility

- 115.71 Criminal and administrative agency investigations. The facility PREA compliance manager had completed investigations before completing specialized investigators training. Those investigations were re-assigned to trained investigators. (This corrective actions also effected standards 115.22, and 115.72)
- 115.41 & 42 Screening for risk of victimization and abusiveness. PREA assessments reviewed were not completed in the established time frames. New staff person identified to monitor assessments and ensure they were completed in correct time frames.
- 115.52 Exhaustion of administrative remedies. An allegation of sexual abuse was identified that had been received via a grievance but not properly investigated. The allegation was assigned to be investigated by a trained investigator.
- 115.67 Agency protection against retaliation. Determined retaliation monitoring had not been completed. Facility PCM trained on the requirements of the standard.
- 115.73 Reporting to inmates. Some outcome notifications were missing. Notifications made and documentation completed.

#### Pendleton Correctional Facility

- 115.13 Supervision and monitoring. The facility staffing plan omitted what the facility considered adequate staffing levels. Since adequate staff levels were not defined in evidence provided by the facility any deviations from the staffing plan could not be established. Adequate staffing levels were added to documentation.
- 115.65 Coordinated response. The facility coordinated response policy needed to be updated and was.
- 115.67 Agency protection against retaliation. Determined retaliation monitoring had not been completed. Facility PCM trained on the requirements of the standard.
- 115.71 Criminal and administrative agency investigations. 4 allegations of sexual abuse were identified that had not been properly investigated. Those investigations were assigned to trained investigators to be investigated. Sexual harassment investigations were not being appropriately documented. Correct documentation was completed.
- 115.86 Sexual abuse incident reviews. Incident reviews were not being documented as completed by a committee. Proper documentation was completed.

#### Putnamville Correctional Facility

- 115.63 Reporting to other confinement facilities. Two sexual abuse allegations occurring at ISF were received from individuals housed at other IDOC facilities, but no investigation was completed. The allegations were assigned to trained investigators to complete investigations.

- 115.73 Reporting to inmates. Some outcome notifications were missing. Notifications made and documentation completed.

#### Laporte Juvenile Correctional Facility

- 115.313 Supervision and Monitoring. Laporte Juvenile Correctional Facility did not meet standard 115.13 (c) that requires a staff to student ratio of 1:8 during waking hours and 1:16 during sleeping hours. A successful corrective action was not identified during the audit period.

#### Correctional Industrial Facility

- 115.71 Criminal and administrative agency investigations. Sexual harassment investigations were not being appropriately documented. Correct documentation was completed.
- 115.13 Supervision and monitoring. The facility staffing plan omitted what the facility considered adequate staffing levels. Since adequate staff levels were not defined in evidence provided by the facility any deviations from the staffing plan could not be established. Adequate staffing levels were added to documentation.

#### Reception Diagnostic Center

- 115.86 Sexual abuse incident reviews. Incident reviews were not being completed by a committee. Reviews were completed.
- 115.73 Reporting to inmates. Investigative outcome notifications were not being completed. Staff trained on the standard requirements and notifications completed.
- 115.63 Reporting to other confinement facilities. Allegation notification documentation being sent to other facility's was not being completed adequately. Staff trained on necessary components.

#### **4. Steps taken by the Agency to meet PREA standards.**

The Indiana Department of Correction continued to strive to improve compliance with PREA standards during 2023. Although the state is not 100% compliant with the PREA standards, the IDOC will continue to work toward 100% compliance. The following are steps the agency took to work toward compliance or improved compliance:

- Six facilities completed a PREA audit.
- Three days of training were provided by the Moss Group to all facility Wardens and selected investigative staff. The training was focused on investigating sexual abuse in confinement settings and the administrative review of those investigations.
- The screening for risk of victimization and abusiveness was updated. The screening name was changed from the Sexual Violence Assessment Tool to the PREA Screening Assessment Tool. The screening was updated to be completed digitally in Delta and no longer completed on paper. A digital tracker/queue was also implemented via Delta. Staff received training in the use of the new system and completion of the new tool.

- The legacy system used to track Sexual Incident Reports was discontinued. A replacement system named the "PREA Reporting App" was developed and deployed which allows updated functionality.
- Camera Upgrade projects completed at Putnamville and Rockville Correctional Facilities.
- SART Instructor Course conducted with approximately 25 staff attending.
- Full Time investigator position added at Madison Correctional Facility to focus on PREA investigations.

## 5. Continued Needs for Compliance

In October of 2017, the staffing ratios required in standard 115.313 became effective for all juvenile facilities. All three IDOC juvenile facilities were found to not meet the staffing ratios during their last PREA audits. La Porte Juvenile Correctional Facility (2023), Pendleton Juvenile Correctional Facility (2021), and Logansport Juvenile Correctional Facility (2022). The continued need for compliance at these facilities is filling current vacancies and an additional increase in staffing to meet the staffing ratios required by standard 115.313.

## 6. Summary

In 2023, the Indiana Department of Correction continued to make improvements in policy and practice to meet the PREA standards. The Agency continues to improve video monitoring technology in several facilities. Six facilities participated in a PREA audit in 2023, completing year 1 of audit cycle 4. Five received a final report with full compliance. LaPorte Juvenile Correctional Facility did not meet standard 115.13 (c) that requires a staff to student ratio of 1:8 during waking hours and 1:16 during sleeping hours. The IDOC will continue to monitor and evaluate its staffing at juvenile facilities to find a solution to meeting the standard.

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