

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** November 29, 2016

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> April 18-20, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Westville Correctional Facility			
<b>Facility physical address:</b> 5501 South 1100 West, Westville Indiana, 46390			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> (317) 233-6984			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Superintendent, Mark Sevier			
<b>Number of staff assigned to the facility in the last 12 months:</b> 652			
<b>Designed facility capacity:</b> 3476			
<b>Current population of facility:</b> 2983			
<b>Facility security levels/inmate custody levels:</b> Medium/Close Security			
<b>Age range of the population:</b> 18+			
<b>Name of PREA Compliance Manager:</b> David Leonard		<b>Title:</b> Administrative Assistant 1	
<b>Email address:</b> <a href="mailto:dleonard@idoc.in.gov">dleonard@idoc.in.gov</a>		<b>Telephone number:</b> (219) 785-2511 X4010	
<b>Agency Information</b>			
<b>Name of agency:</b> Indiana Department Of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 302 W. Washington St., Room E334, Indianapolis, Indiana 46204			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> (317) 232-5288			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bruce Lemmon		<b>Title:</b> Commissioner	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Brian Pearson		<b>Title:</b> Executive Director/PREA Coordinator	
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## AUDIT FINDINGS

### NARRATIVE

A certified PREA audit was conducted at the Westville Correctional Facility located in Westville, Indiana. The audit began in early March with the delivery, of the statewide and facility documentation and the required Pre-Audit Questionnaire (PAQ) from the facility. The audit tour began Monday, April 18, 2016, and concluded Wednesday, April 20, 2016. The audit team consisted of the lead certified auditor and an additional PREA team member. Following coordination, preparatory work and collaboration with management staff at the Westville Correctional Facility, some pre-audit work was completed prior to traveling to the facility for the onsite review portion of the audit. One letter from an offender was received prior to the arrival at the facility and an additional letter after the site visit was completed.

On April 18, 2016, the audit team met with the Superintendent Mark Sevier, PREA Compliance Manager David Leonard, and the management staff of Westville Correctional Facility, for greetings, introductions and information sharing. The team was escorted to a conference room which served as a home base for audit preparation and organization during the audit process.

Upon arrival at Westville Correctional Facility, the audit team requested and received the names of the employees assigned in management and specialized staff positions, who might be interviewed during the on-site portion of the audit. The audit team identified specialized staff to be interviewed.

Interviews of specialized staff included the following:

- Medical and Mental Health (Corizon contractor)
- Incident Review Team Members
- Staff who Conduct Intake Screening
- Classification Staff
- Case Workers
- Investigations and Intelligence Staff
- Sexual Assault Nurse Examiner
- Human Resources
- Person Responsible for Contractor, Volunteer and Vendor Clearances
- Segregated Housing Staff
- Person Responsible for Monitoring Retaliation
- Higher Level Supervisor
- Aramark Contractor
- Grace College Volunteers
- First Responders
- Training Director

The audit team also received a list of all custody staff scheduled to work on the days of the on-site review, sorted by shift. Westville Correctional Facility, custody staff work 12 hour shifts. The auditor explained that these rosters were required for the audit team to select random custody staff for interviews. The auditor informed the PREA Compliance Manager that audit teams would compile lists of custody staff selected randomly for interviews. The audit team communicated the standard advisory statements to the staff before proceeding with the interview in a private interview room while documenting the staff answers. Clarification was requested, as needed to ensure the staff's responses were clear and effective communication was established.

The audit team received a roster of all offenders at the facility with identification numbers and assigned bed numbers, sorted by housing unit. Offenders were selected at random using this offender roster. The audit team communicated the standard advisory statements to the offender before proceeding with the interview of the offender in a private interview room while documenting the offender answers. Clarification was requested, as needed to ensure the offender's responses were clear and effective communication was established. A total of 21 offenders were interviewed as part of the random offender interviews and the specific categories of offenders identified for interviews based upon their relevance to specific PREA standards.

The PREA Compliance Manager identified offenders in the following categories:

- Disabled
- Limited English Proficient
- Transgender & Intersex
- Gay & Bisexual
- Offenders in Segregated Housing for Risk of Sexual Victimization
- Offenders who Reported Sexual Abuse

- Offenders who Disclosed Sexual Victimization during Risk Screening

The audit team conducted a thorough site review of the facility. The Superintendent, Deputy Superintendent, PREA Compliance Manager, management staff and other custody staff escorted the audit team. The team toured all of the housing units, medical, mental health, the main kitchen, the warehouse, intake processing area, the laundry, main control, the pharmacy, maintenance shops, industries areas, education, recreation yard, gym, chapel, etc.

During the tour, PREA posters (English and Spanish versions) were visible in the front entrance (staff and visitor search area) for both staff and visitors to view. As the team toured the facility, posters were present in every building accessible by offenders and in multiple locations within buildings where offenders, the public and staff have access. Along with the PREA posters, additional postings were observed informing victims of sexual abuse how to gain access to emotional support services. Based upon our random discussions with staff and offenders, it is obvious the facility has done an excellent job in educating the staff and offenders of the agency's zero tolerance policy regarding sexual abuse and harassment as well as the various methods in which allegations may be reported.

The use of monitoring technology at Westville Correctional Facility is extensive; covering a large portion of the facility. The need for additional monitoring equipment and their placement is discussed and documented in monthly facility meetings and consideration is given in identifying blind spots prior to camera placement. Cameras are positioned in a manner to cover blind spots while affording the offenders modesty where needed, while providing for the necessary security and evidentiary needs of the facility. While conducting interviews with the Superintendent, other administrative, and supervisory staff, it is evident that the facility has considered the use of cameras in their staffing plan and staff are vigilant in ensuring offender safety. Staff were observed touring their areas of responsibility.

The team observed camera placement, sufficient custody staff coverage in the absence of camera coverage, reviewed log books and offender files; spoke with offenders, staff, volunteers and contractors. The facility had identified cross gender viewing issues in some bathrooms and showers and was in the process of constructing permanent modesty barriers. The rest of the bathrooms and showers had barriers strategically constructed to prevent cross gender viewing to ensure privacy for offenders while showering, using the toilet or otherwise in a state of undress. Log books and Guard 1 logs were reviewed and showed evidence of supervisory staff conducting unannounced rounds on both shifts. Both supervisory staff conducting unannounced rounds as well as opposite gender staff announcements within the housing units were observed during the on-site tour. Staff and offenders were questioned regarding PREA and reporting/responding requirements. All answered with appropriate levels of understanding in regard to PREA and agency policy and procedure.

During the tour, audit team members asked impromptu questions of staff and offenders. In offender dayrooms, audit team members tested offender phones to determine the functionality of the facility's phone system for reporting sexual abuse or harassment and queried offenders on their knowledge of the PREA phone system; offenders thoroughly explained the system, its purpose, and how the phone system is accessed by referring to the information contained on the PREA information posters. In offender work areas, audit team members assessed the level of staff supervision and camera placement, and asked questions to determine whether offenders are in lead positions over other offenders. Audit team members also noted the placement of PREA information posters in offender housing and work areas and the placement of the PREA audit notice provided to the facility.

During interviews with investigative staff; offender grievances against staff are forwarded to the grievance coordinator; Investigations and Intelligence will investigate where appropriate. The members of the audit team interviewed two investigators and questioned designated staff about the process for logging and tracking cases assigned and offender grievances received by the division. Documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standard was reviewed. During these interviews, the audit team members based the line of questioning on the interview protocols and recorded responses by hand.

Random Staff Interviews: The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations and various shifts. The interviews were conducted in the privacy of the conference room. The auditor introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 17 random staff interviews were conducted.

Document Reviews: Documents related to allegations of sexual abuse (including investigation files) were reviewed. Training records, personnel records, contractor and volunteer records, and the records maintained through the offender intake process were reviewed. Copies of documents were collected, as necessary.

The PREA Compliance Manager provided Sexual Incident Reports for all 35 allegations received during the previous twelve-month period. The list included the report number, date of report, and name of the victim, name of the suspect, and the disposition or status of the case. The auditor obtained the Sexual Incident Report and investigative reports from facility investigative staff for each allegation. These

reports were reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case#/ID
- Date of Allegation
- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment?
- Disposition
- Is Disposition Justified?
- Investigating Officer
- Notification Given to Inmate?

## POST-AUDIT PHASE

The auditor, as a probationary certification, has 21 days to turn the interim report in to the department of justice, which has 10 days to review it. The probationary auditor then has 10 days to consider the department of justice's suggestions and provide the interim report to the facility by June 02, 2016 (total of 41 days). This information was also provided to the agencies PREA Coordinator via the probationary certification template letter. The auditor and PREA Compliance Manager agreed that any documents not received during the pre-audit phase or site review would be requested via email and provided by the PREA Compliance Manager.

This auditor documented all clarification questions, missing information, requests for additional documentation, etc. to follow-up with the PREA Compliance Manager and was provided the requested information.

**Audit Section of the Compliance Tool:** The auditor reviewed onsite document review notes, staff and offender interview notes and site review notes and began the process of completing the audit section of the compliance tool. Auditors used the audit section of the compliance tool as a guide to determine which question(s) in which interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate "yes" or "no" boxes on the compliance tool for each applicable subsection of each standard, the auditors completed the "overall determination" section at the end of the standard indicating whether or not the facility's policies and procedures exceeds, meets or does not meet standard. Where the auditor found the facilities policies and procedures did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility's policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

**Interim Audit Report:** Following completion of the compliance tool, the auditor started completing the interim report. The interim report identifies which policies and other documentation were reviewed, which staff and/or offender interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility's policies and procedures exceed, meet, or does not meet the standard. The interim report was submitted to the PREA Resource Center for review/approval on May 13, 2016.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The campus, known as Westville Correctional Facility, opened in 1949 as Beatty Memorial Hospital. A state run mental health facility, at that time, opened its doors to 135 mentally disabled Hoosiers. In February of 1951, the hospital was re-named in honor of Dr. Norman Beatty, an Indianapolis Doctor, who dedicated his career to mental health services. In 1974, a lawsuit filed by Indiana prisoners in US District Court forced the state to reduce overcrowding in its prisons, creating the need for additional facilities.

Governor Otis Bowen and the Indiana Legislature then transferred Beatty Memorial Hospital to the Department of Correction. In July of 1979, following renovations and additions, 1200 offenders were transferred to the Westville Correctional Facility. A 220 bed Maximum Control Complex was added in 1990, and later renamed the Westville Control Unit. The entire facility now has a rated bed capacity of 3476 offenders with 110 segregation cells. The Primary classification of Offenders at Westville Correctional Facility is Medium Max, level 2 offenders, however due to its make up there are Level 1,2,3 and 4 offenders housed at the facility.

The facility is divided into 5 separate areas, those complexes are named , General Services Complex (GSC), Educational Complex (EC), Industrial Complex (IC), Minimum Security Unit (WCA) and the Restricted Housing Area (WCU) The General Services Complex houses is comprised of 12 dormitories. The population consists of offenders in Pre-Release programming, Maintenance workers, TASC programming, Admissions and Orientation, as well as a small protective custody unit. The Educational Complex (EC) is comprised 12 dormitories with offenders participating in Substance Abuse, TASC Programming, Vocational Programming, and college Programming. The Industrial Complex (IC) consists of 9 dormitories housing the offenders who work in the Production Kitchen, Pen Products Pallet Shop, Global Recycle DVD recycle program, and the PLUS Program. The Minimum Security unit consists of 4 dormitories housing offenders that work in the community employed in places such as, the Jasper Pulaski Tree Nursery, The Indiana Dunes State Park, The Tippecanoe State Park, various Road Crews and the Highway department. Offenders from WCA who are not employed outside the facility on work crews also help man the Power house, Sewage Treatment plant, Garage, Weld Shop, and other on grounds shops. The final of the 5 complexes is our Restrictive Housing Unit (WCU) that unit houses general restricted housing offenders from Westville as well as the Departments Long Term Restricted Housing offender. There are various programs at WCU such as the Actions Consequences Treatment Program (ACT) this program is designed to teach long term offender skills necessary to successfully reintegrate into a general population setting, as well as self-help programming.

## SUMMARY OF AUDIT FINDINGS

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. The efforts put forth by Westville Correctional Facility staff were evident and staff are commended for their efforts. It was certainly a pleasure for the audit team to spend time with the staff of Westville Correctional Facility and have the opportunity to assist in their PREA compliance efforts. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

Overall, it is evident that Westville Correctional Facility's staff have been working towards compliance with the PREA standards. Because of this hard work, the facility is in compliance with a significant number of the standards.

Some of the positives observed by the audit team included:

- Interaction between staff and offenders helped establish open line of communication. It did not appear that offenders were uncomfortable to bringing up their issues/concerns with staff.
- Through the use of staff posts and video surveillance, blind spots appeared to be eliminated.
- PREA posters were in place in all housing units, visiting and offender work/recreational areas.
- Supervisory and management staff have a clear understanding of the policy.
- Announcement of opposite gender staff entering the housing units seemed to be routine and part of everyday business.
- The offender population understands their rights to be free from sexual abuse and could explain to the auditors how they would report an allegation. Most offenders stated they felt sexually safe at this facility.
- Training records reflected that mandatory staff training had been completed and that a process was in place to ensure mandatory training will be completed for new hires.
- Classification staff take ownership of the PREA intake process and are very thorough in their reviews of newly arriving offenders.
- The PREA Compliance Manager is very knowledgeable about all procedures and processes of the facility and clearly has the authority to thoroughly perform his duties.

Some of the areas of general concern include:

Westville Correctional Facility initially was not in compliance with standard 115.15 (d)-1, housing units and most areas with showers and toilets allowed for modesty from cross-gender viewing through the design of the facility or the placement of permanent barriers. During the tour, several locations were observed that allowed cross-gender viewing of offenders while utilizing the shower or toilet. The Superintendent, PREA Compliance Manager and maintenance staff identified areas of concern and their plan to construct permanent barriers. The auditor was notified of the plans to come into compliance prior to the completion of the audit and the interim report. The facility completed some modifications to identified prior to the completion of the audit. During the corrective action phase, the facility has completed all required modifications; providing documentation and photographs reflecting the modifications were completed. The facility is in compliance with this standard.

Number of standards exceeded: 0

Number of standards met: 41 (95.3%)

Number of standards not met: 0 (0.0%)

Number of standards not applicable: 2 (4.7%)

**Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), Sexual Abuse Prevention, page 2, section IV, states “The Department of Corrections is committed to zero (0) tolerance for all forms of sexual abuse and sexual harassment by staff, volunteers, contractors, or offenders/residents against offenders/residents.” The policy outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Additionally, Westville Correctional Facilities, Facility Directive dated November 16, 2015, reiterates the Department’s policy regarding zero tolerance of sexual abuse and sexual harassment. The Directive also addresses the institution’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Indiana Department of Corrections PREA Coordinator is Bryan Pearson, Executive Director.

Westville Correctional Facility’s PREA Compliance Manager is David Leonard, Administrative Assistant 1. According to the organization chart provided during the pre-audit which indicates David Leonard reports directly to the Superintendent.

**Standard 115.12 Contracting with other entities for the confinement of inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), page 7, section IV, requires that all agencies and organizations that house offenders of the Indiana Department of Corrections are made aware of the Department’s policy on zero tolerance of sexual abuse and sexual harassment. During inspections of any facility that houses Indiana Department of Corrections offenders, the inspector is required to ensure the agency or organization has a mechanism in place to address sexual abuse and sexual harassment. This section of the policy also requires that when a new contract is being prepared with agencies/organizations that house offenders of Indiana Department of Corrections, a provision shall be included to insure that the agency/organization maintains a zero tolerance for sexual abuse/harassment and has a mechanism in place to address allegations of sexual abuse or sexual harassment.

A copy of amendments #9 for contract EDS# D120-6-008, and amendment #2 for contracts EDS #D12-1-083 and EDS #D12-1-046A for with GEO Group was provided to the auditor. The amendments for these contracts require the contractor (GEO Group) to comply with the PREA Act. Additionally, the amendments allows for PREA compliance with, “on-site”, monitoring by the State of Indiana.

**Standard 115.13 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Pre-audit information included a memorandum addressed to Bryan Pearson, Executive Director of PREA Compliance, authored by Ron Neal, Superintendent Westville Correctional Facility (dated 01/26/16). Custody posts and supervisory posts are determined by the IDOS Master Roster Post Analysis. The facility’s custody staffing plan is based on American Correctional Association standards and the principles of the Indiana Justice Model. The factors considered in developing staffing levels include the operational mission of each facility, video monitoring capabilities, generally accepted correctional. There was no identified deviation from the staffing plan during this review. This was confirmed via documentation provided by the facility. Indiana Department of Corrections does not have collective bargaining; therefore Westville Correctional Facility can move staff from location to location as the security needs change or deficiencies in offender supervision is realized.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), requires that each facility develop, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect offenders against sexual abuse. In addition; the 2016 Westville Correctional Facility Staffing Plan Review was reviewed which noted the facility conducts annual reviews of its staffing levels.

According to the memorandum provided to this auditor and interview with the Superintendent, there are no findings of inadequacies by judicial ruling, Federal Investigative Agencies, or internal or external oversight bodies. In addition, the facility conducts an ongoing monthly review of the staffing plan, video monitoring, construction, and programs with its management staff; the staffing plan is reevaluated at the agency level every January.

Indiana Department of Corrections, Policy and Administrative Procedures, 04-03-103 (dated 12/01/2012) requires Intermediate-level or higher-level supervisors shall conduct and document unannounced rounds to identify and deter staff sexual misconduct and sexual harassment on all shifts. Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring. In addition, Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring.

Supervisory staff are assigned to housing units, they make several random unannounced rounds through their areas of responsibility. This was observed during the site review. Unannounced rounds are conducted by supervisors on all shifts, as supervisors were either observed in housing units performing their normal duties or were observed throughout the facility conducting rounds. Supervisor rounds are documented in the housing unit log books and on a Guard 1 report. The supervisors, correctional staff and other support staff observed appeared to provide adequate supervision of the offender population; in addition, the facility has a significant number of cameras placed throughout the facility to provide additional security coverage and monitoring.

**Standard 115.14 Youthful inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Westville Correctional Facility does not house offenders under the age of 18 years old. This standard does not apply.

### **Standard 115.15 Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-03-101 (dated 08/01/2015 RESTRICTED), Searches and Shakedown, page 8, section XI, states “Except during an emergency as declared by the superintendent or designee, a strip search must afford the offender reasonable privacy and shall be conducted by staff of the same gender.” Any strip search conducted by a staff member of the opposite gender must be documented on an incident report and submitted to the custody supervisor. Westville Correctional Facility has not had any cross gender strip searches or cavity searches in the past year. There were no instances of cross-gender strip searches, body cavity searches or pat-down searches within the past 12 months. This information was verified through random and specialized interviews of staff and offenders.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), page 22, section XIV, forbids staff to search or physically examine an offender for the sole purpose of determining their genital status. The offender’s genital status is determined at Indiana Department of Corrections reception processing center, not at Westville Correctional Facility; the offender’s genital status is determined prior to reception at Westville Correctional Facility. This information was verified through interviews with intake staff as we discussed the intake process and interviews with transgender offenders.

During the tour of the facility, and in interviews with staff and offenders, female staff confirmed they do not strip search male offenders. Strip searches are completed in designated areas by male staff. All staff interviewed knew the proper way to pat down search transgender offenders; describing how the pat search would be conducted when needed. A transgender offender interviewed also described how a pat search is conducted; this description is consistent with the description given by the custody staff, the “T” or “Cross Method was described or demonstrated by both.

Female staff announce their presence when they enter a housing unit. This was observed during the tour and confirmed through offender interviews.

Westville Correctional Facility initially was not in compliance with standard 115.15 (d)-1, housing units and most areas with showers and toilets allowed for modesty from cross-gender viewing through the design of the facility or the placement of permanent barriers. During the tour, several locations were observed that allowed cross-gender viewing of offenders while utilizing the shower or toilet. The Superintendent, PREA Compliance Manager and maintenance staff identified areas of concern and their plan to construct permanent barriers. The auditor was notified of the plans to come into compliance prior to the completion of the audit and the interim report. The facility completed some modifications to identified prior to the completion of the audit. During the corrective action phase, the facility has completed all required modifications; providing documentation and photographs reflecting the modifications were completed. The facility is in compliance with this standard.

### **Standard 115.16 Inmates with disabilities and inmates who are limited English proficient**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility has taken the appropriate steps necessary to ensure offenders with disabilities have equal opportunity to participate in or benefit from all aspects of the agency's efforts. PREA postings are all available and sufficiently posted in both English and Spanish. The agency has a standard agreement with Propio Language Services in order to provide interpreter services for any offender who's needs cannot be met by Indiana Department of Corrections staff or their current implementations of PREA information for non-English speaking or otherwise developmentally disabled. Propio Language Services was phoned; also confirming the services are readily available to the facility.

Westville Correctional Facility, memorandum (dated 02/01/16), lists of 7 departmental employees who speak a second language and 2 employees who are able to communicate, via alphabetical sign, who are to be utilized as an interpreter when required.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), pages 9 and 10, section VII, requires that staff shall determine if an offender is in need of accommodations to assist in making the PREA information easily understandable to the offender. Offenders with limited English language proficiency or disabilities shall be provided assistance to ensure effective communication of the Department's Sexual Abuse Prevention policies and procedures. Other offenders shall not be used for this purpose unless there would be an extended delay in obtaining an interpreter that could compromise the offender's safety, the performance of first responders or the investigation of the offender's allegations. This information was confirmed through interviews with intake staff who, if needed, read information to offenders, or when language is a barrier; seek the assistance of certified staff interpreters.

#### **Standard 115.17 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 04-03-103 (dated 12/01/2012), Information and Standards of Conduct for Departmental Staff, section VIII, A, mandates that the Department shall not hire or promote an individual to a position that may have contact with offenders who meets any of the three criteria listed in section 115.17(a)(b). Additionally, this Policy and Administrative Procedures requires that during the hiring, promotion, demotion or transfer interview, or application process, perspective candidates are asked about any previous substantiated sexual misconduct or sexual harassment. Omission or false information regarding such misconduct shall be grounds for termination. All persons selected for hiring, promotion, demotion or transfer are subject to a criminal background check, fingerprinting, Sex Offender Registry check and past/present employment verification. Reviews of employee files confirm applicants are queried relative to this standard and certify their responses are not misrepresented.

Indiana Department of Corrections, Policy and Administrative Procedures, 04-03-103 (dated 12/01/2012), Information and Standards of Conduct for Departmental Staff, requires any other persons who will have routine access in Department facilities or have contact with offenders or offender information as a normal part of their duties shall submit to a criminal background check, including a driver's license check and fingerprinting. The contractors, volunteers and interns, who will have contact with offenders, must answer and sign a Mandatory Pre-Service PREA Questions document addressing any prior sexual abuse in a correctional setting. A review of the facility documentation reflects a tracking system is in place to track ongoing criminal records backgrounds checks.

Indiana Department of Corrections, Policy and Administrative Procedures, 04-03-102 (dated 03/01/2015), Human Resources, has a mechanism in place for other correctional agencies to verify any history of a current or former employee relative to any substantiated

allegations of sexual abuse and sexual harassment for hiring purposes. A review of random personnel files demonstrated that Westville Correctional Facility is in compliance with this policy.

### **Standard 115.18 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Westville Correctional Facility has an ongoing system in place in which PREA meetings are held on a monthly basis; to include the need for upgrading video monitoring technology as well evaluating the current placement of cameras within the facility. Westville Correctional Facility conducts a review of previous recommendations and their status of implementation. Westville Correctional Facility has a total of 337 video monitoring cameras and continues to evaluate the facility for the need to install, modify or relocate current monitoring technology with the addition of 22 cameras being installed in the future.

During the tour, a random sample of live video feeds was conducted for all areas of the facility. The video feeds covered blind spots and aid staff during the investigative process; no cameras were observed overlooking areas where offenders required modesty. All housing units have Guard One in place to record supervisors conducting random tours which occurs about every 30 minutes; supervisors were observed conducting rounds and logs reflected the rounds were being conducted.

### **Standard 115.21 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 00-01-103 (dated 07/21/2015 Restricted), The Operations of the Office of Investigations and Intelligence, section XII, address the protocols uniformly for collection of evidence for use in an administrative proceedings and criminal prosecution. A review of this policy reflects it is based off of the, National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents publication as the department policy and the facility policy clearly address the procedures required in the discovery, handling, delivery, retrieval, logging, storage, retention, destruction and testing of all evidence. There is detail relative to all aspects of conducting an investigation from the initial contact of the victim, the forensic examination process and evidence processing and up to and including referral and pro prosecution of the suspect.

Westville Correctional Facility utilizes the local hospital, Franciscan Hospital, Sexual Assault Nurse Examiner (SANE) to conduct the forensic medical exams. Franciscan Hospital staff confirmed they perform the forensic exams for Currently Westville Correctional Facility offenders and they have a policy in place to ensure a SANE is available when needed. Reviews of investigative files and other documentation provided by the facility reflect no forensic medical exams were conducted during this period.

Victim advocacy and victim support services are available to offenders through the Indiana Coalition Against Domestic Violence (ICADV) (contract number EDS# D12-15-015). These services are available to offenders, free of charge; sufficient postings throughout the facility where staff and offenders are likely to view them were observed.

Indiana Department of Corrections, also has a community Partnership Agreement with Indiana Coalition Against Sexual Assault (INCASA) in place to provide victims of sexual abuse; follow-up services. The offenders have direct access to INCASA via the toll-free hotline or direct mail.

Indiana Department of Corrections, Sexual Assault Manual directs staff to transport victims of sexual assault for a Forensic Medical Examinations to the designated outside hospital where medical staff will conduct the forensic exam. All victims of sexual assault are provided with emergency contraception, follow-up care/treatment for sexually transmitted diseases, education, and vaccinations. In addition, offenders are provided follow-up education on contraception and sexually transmitted infections according to victim interviews.

A review of the investigation files demonstrated that Westville Correctional Facility follows their policies related to the aspects of a sexual assault investigation. A review of investigation files, files contained detailed photos of crime scenes, video evidence where applicable, detailed interviews with the victims, suspects and witnesses where applicable. In addition, interviews with investigative staff and a review of the investigative training records reflect the staff have been trained and understand their responsibility in the processing of evidence related to sexual abuse.

### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), section XVI, states “All allegations of sexual abuse shall be investigated even when the alleged perpetrator or alleged victim have left the Department’s employment, or are no longer under the Department’s authority.” When the Superintendent or designee receives a report of actual or threatened sexual abuse, the Superintendent or designee shall order that the investigation be conducted.

Indiana Department of Corrections, Policy and Administrative Procedures, 00-01-103 (dated 07/01/2015 Restricted). The Operation of the Office of Investigations and Intelligence, The facility conducts its own criminal investigations and all allegations are investigated. For substantiated cases that appear to be criminal in nature shall be referred for prosecution. The agency does document all allegations referred for criminal investigation and indicated that 1 of the 35 received in the past 12 months was referred for criminal investigation.

The Indiana Department of Corrections, web site shows information regarding agency policy and includes a toll-free phone number to the Indiana Sexual Assault hotline, and email address for reporting third party reporting. This information is current and active.

All staff interviewed knew their responsibility to report any allegation of sexual abuse /sexual harassment. This auditor could not find any evidence that indicated that an investigation was not opened when a report of sexual abuse/sexual harassment was received.

### **Standard 115.31 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), Sexual Abuse Prevention, section V, requires that all staff receive training on the PREA policy during new employee orientation and annual in-service training. A review of the In-Services-Training presentation guide confirms that all ten topic required by section 115.31 of the PREA Act are included in the PREA class provided.

Westville Correctional Facility reported all staff received training during the last 12 months. Training issues are discussed on an ongoing basis in the monthly PREA meetings noting the need for follow-up training. Random interviews with staff confirmed that all employees are knowledgeable in the Indiana Department of Corrections, Sexual Abuse Policy.

Between trainings, the facility provides training to staff via the Indiana Department of Corrections, Sexual Assault Prevention and Reporting brochure and/or tailored training provided by the supervisor. A review of random training files and interviews with staff demonstrate compliance with the training policy in that employees sign acknowledgment of the training. The facility has demonstrated an effective tracking method for providing training to staff.

#### **Standard 115.32 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014) Sexual Abuse and Prevention, section VI, requires that all volunteers, contractual staff and interns shall be provided the same information as staff in regards to sexual behavior. Training in response to sexual behavior is part of the new employee and annual in-service training that all volunteers, contractual staff and interns must attend. Additionally, they are provided with the same PREA brochure that employees receive. An acknowledgment of receipt of training and brochure are then signed by the volunteer, contractual staff or intern.

A review of Westville Correctional Facility’s training records showed that all contractors and volunteers have received the required training. The signed acknowledgement of training was present in the random training files reviewed by this auditor.

#### **Standard 115.33 Inmate education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014) Sexual Abuse Prevention, section VII, requires that all offenders housed in the department shall receive, as part of the orientation package, written and verbal information on the Department's zero tolerance for sexual abuse and sexual harassment as well as how to report sexual abuse and sexual harassment.

Policy requires that all offenders receive the sexual Assault Prevention and Reporting Offender/Student Information Brochure and sign that they received the information. The brochure is available in English and Spanish. The Indiana Department of Corrections has a contract in place with interpretive services when required. Additionally, Westville Correctional Facility has an offender brochure on Sexual Assault Prevention and Reporting available in braille, for the vision impaired.

All of the offenders interviewed, including limited English speaking offenders, knew the Indiana Department of Corrections, Sexual Abuse/Harassment policy. Additionally, they knew how to report any violation of policy through the several different reporting methods. Every offender that this auditor talked to acknowledged receiving PREA training and was able to articulate the reporting process. Offender PREA Education acknowledgements were observed for offenders.

Housing units, visiting, medical areas, recreation areas, education and industries had PREA posters visible to the offender population including toll-free reporting numbers; postings for Additional Services for Victims of Sexual Abuse was also observed posted in these areas.

#### **Standard 115.34 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Westville Correctional Facility has its own investigative unit trained to investigate sexual abuse cases as well as other criminal cases. Indiana Department of Corrections, Policy and Administrative Procedures, 00-01-103 (dated 07/01/2015 Restricted), states the Office of Investigations and Intelligence, section IX, requires that all investigators receive specialized training for conducting sexual assault and sexual harassment investigations.

Indiana Department of Corrections, Policy and Administrative Procedures, 00-01-103 (dated 07/01/2015 Restricted) The Operation of the Office of Investigation and Intelligence requires: All investigators to have received specialized training for conducting sexual assault and sexual harassment investigations in confinement settings to include the proper use of Miranda and Garrity warnings, Evidence Collection and prosecution referral.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014) Sexual Abuse Prevention, requires all investigators receive training in conducting sexual abuse investigation in a confinement setting... and documented in the employees training record.

Auditors reviewed the training curriculum used for this training and verified it meets the requirements of this standard including the proper use of Miranda and Garrity, sexual abuse evidence collection and criteria used to substantiate a case. The agency provided examples of the certificates of completion verifying those employees assigned investigations have participated in the specialized training. Interviews with investigative staff showed the staff has a clear understanding of their responsibilities and an understanding of the required training.

#### **Standard 115.35 Specialized training: Medical and mental health care**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-10-115 (dated 12/01/2014) Sexual Abuse Prevention, requires that all staff attend the PREA training, both during new employee orientation and during their annual training. This requirement does not exclude medical staff. Additionally, all contract medical staff received the PREA training as part of the requirement to work at the facility. In addition, Medical staff can aid in the preservation of evidence and assisting with the arrangement of a forensic exam by a SANE. The Sexual Assault Nurse Examiner (SANE) is to provide the forensic exam component of the SART exam. Interviews with medical staff confirm the SART exam is performed at the local hospital; not at the facility.

A review of training files and interviews with staff showed that the training requirement was met and the staff are knowledgeable of their roles and responsibilities.

**Standard 115.41 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), Sexual Abuse Prevention, mandates that staff shall assess an offender through interviews and reviews of the offender’s record to attempt to determine whether the offender may be a potential sexual aggressor or a potential sexual assault victim within the first 24 hours of intake. This is also required upon transfer to another facility within Indiana Department of Corrections within 24 hours. Random offenders interviewed recalled the intake procedure taking place upon being received at the facility. Offenders were able to recall the specifics of the intake process; questions asked relative to their commitment offence, sexual abuse history and spoke to being educated on how to report sexual abuse or sexual harassment if required. Offenders directed me to postings through the housing unit with reporting information. Also, offenders spoke about additional PREA information provided during the intake process in the form of a brochure or handout and spoke about a PREA video being played on the facility television system.

An amendment to Policy and Administrative Procedures, 02-02-115 (dated 04/11/20216) Sexual Abuse Prevention, requires an assessment be completed within 72 hours via the completion of the Indiana Department of Corrections, Offender Screening Form. Within thirty (30) days of the offender’s transfer staff shall consider any additional information that may have been received after initial intake. This section also requires a reassessment whenever referred, requested, sexual abuse incident, or additional information is received that bears on the offender’s risk of sexual victimization or abusiveness. Intake staff assist the offender when necessary in completing the intake screening form, when necessary assigning a “Flag” of propensity to be a likely victim, aggressor, or no flag placement. A review of training records reflect the intake staff have been trained on this policy and staff demonstrated the process thoroughly.

Westville Correctional Facility utilizes the Indiana Department of Corrections, Offender Screening Form, to conduct an objective screening. This assessment tool includes 9 of the 10 risk criteria as listed in 115.41 (d) of the PREA. Westville Correctional Facility, does not house

offenders detained solely for civil immigration purposes. The offender is asked questions relative to their own perceived vulnerability. The screening tool includes questions about prior acts of sexual abuse, convictions for violent offences, and prior institutional violence or sexual abuse. Offender's refusal to answer the questions or participate in the screening does not result in disciplinary action. Reviews of intake staff's training records reflect they have received training on this process and they clearly articulate the process of offender screening. Offenders interviewed spoke about the screening process and the questions asked of them during intake.

A review of records and offender files demonstrated compliance with the updated Indiana Department of Corrections, Policy. Westville Correctional Facility has a temporary intake unit where offenders are separated from the population until screening is completed and final housing, work and program assignment is made. Offenders stated they feel safe in this area; cameras were observed and staff were observed conducting security checks.

#### **Standard 115.42 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), Sexual Abuse Prevention, requires that the facility utilize the information on the risk screening form to assign housing, bed, work, education and program with the goal of keeping separate those offenders at high risk of being victimized from those offenders at high risk of being sexually abusive. Additionally, the policy requires the facility to make individual determinations about how to ensure the safety of each offender. Indiana Department of Corrections, Policy and Administrative Procedures, 01-04-101, Adult Offender Classification, Section XIII, further protects potential victim offenders from potential abusive offenders while considering double celled housing the offenders.

Indiana Department of Corrections, policy does not allow institutions to place LGBTI offenders in designated facilities or housing units. Facility staff are required reassess transgender and intersex offender's cases every 6 months. The offender's views on their own safety are given serious consideration when making program decisions. Offenders interviewed expressed a feeling of relative safety and stated staff treat them professionally. Offender and staff interviews confirm the facility does not place lesbian, gay, bisexual, transgender or intersex offenders in dedicated units or wings solely on the basis of such identifications. Interview with PREA Compliance Manager verified that agency policy requires a transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration on a case-by-case basis in the twice yearly reassessment.

Indiana Department of Corrections, Policy requires that the facility give transgender and intersex offenders the opportunity to shower separately from other offenders. Interviews with transgender offenders housed at Westville Correctional Facility confirm their ability to shower by themselves without opposite gender viewing.

#### **Standard 115.43 Protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014) Sexual Abuse Prevention, state, "Offenders at high risk for sexual victimization shall not be placed in involuntary restrictive status housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers." The policy requires the facility to allow the offender access to programs, privileges, education and work assignments to the extent possible. Should any programs be restricted, the facility shall document the opportunities limited, the duration, the limitations and the reason for such limitations.

Indiana Department of Corrections, policy requires that any placement of this nature extending past 30 days shall be documented providing justification for such placement.

Westville Correctional Facility, has not had any offenders placed in involuntary isolation/protective custody solely based on risk of sexual victimization during the last 12 months. This is confirmed by documentation provided by the facility and conversations with management staff at the facility.

### **Standard 115.51 Inmate reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014) Sexual Abuse Prevention requires the facility has multiple methods for offenders to report sexual abuse, sexual harassment, and retaliation for reporting sexual abuse or sexual harassment. Offenders may contact the Ombudsman through JPay, either telephonically or via e-mail through the Jay-Pay system. The facility offender handbook contains contact information for the Indiana Department of Corrections, sexual assault hotline. Westville Correctional Facility also has a contract in place with Indiana Coalition Against Domestic Violence (ICADC) to provide crisis intervention and case management services. All of these resources allow for offenders to report confidentially and allows for third party reporting.

Policy requires staff to accept reports made verbally, in writing, anonymously and from third parties and shall promptly document verbal reports. All reports of sexual abuse shall be documented in an Incident Report prior to the end of shift. Staff may report sexual abuse privately to their shift supervisor, an Internal Affairs Investigator, PREA Compliance Manager, or the Indiana Department of Corrections, Executive Director of PREA via the Indiana Department of Corrections, Sexual Assault Hotline. During interviews with staff, staff articulated the options available to them to report sexual abuse and sexual harassment; referencing the PREA posters in the housing units.

During informal and formal offender interviews, offenders articulated options available to report of sexual abuse/harassment to include the Office of the Ombudsman. Offenders referenced postings in the housing units with confidential phone numbers, email on the Jay Pay system; in addition, offenders stated using another option could include a third party reporting on their behalf, direct mail and submitting a note to the facility.

### **Standard 115.52 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 00-02-301, (dated 04/05/2015) Offender Grievance Process, removes any standard time limits to the grievance process relative to PREA. It keeps in place time limits to any portion of the grievance that does not allege sexual abuse. It does not require the offender to utilize the informal grievance process to resolve the grievance with an alleged incident of sexual abuse. For an offender to file a grievance related to sexual assault the offender is not required to give the grievance to a staff member who is the subject of the complaint nor will the grievance be referred to that staff member to respond to the complaint. The Indiana Department of Corrections, policy complies with section 115.52 (d) of the PREA relative to issuing the offender the final decision on the merits of the grievance. This section allows for a third party to fill a grievance on behalf of an offender. The facility may require the alleged victim to agree to have the grievance filed on their behalf. If the offender declines to have the grievance filed on his behalf the Department shall document that decision.

All emergency grievances are required to be responded to within 48 hours, with a final decision in 5 days. Several offender files and grievances were reviewed during the audit. All of the documents reviewed, showed compliance with this Policy. In addition, reviews of staff training records reflect staff has been trained on this updated policy.

#### **Standard 115.53 Inmate access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), Suicide Prevention, addresses the Indiana Department of Corrections, policy on victim support. It requires the facility to provide access to outside victim advocate groups. Indiana Department of Corrections has a current contract (EDS# D12-15-015) in place with Indiana Coalition Against Domestic Violence (ICADV) to provide crisis intervention and case management services.

Posters displayed throughout the facility educating offenders on how to contact outside confidential support services which are provided by the ICADV. Offender postings note, Phone calls will not be routinely monitored, however can be reviewed for possible disciplinary action if there is suspected abuse or misuse of this service. Offenders queried were familiar with the postings location and were generally familiar with its content. Offenders spoken to are aware the use of facility phones may be subject to monitoring.

Additionally, the Sexual Assault Prevention and Reporting Offender Information Brochure contain information on how to report sexual abuse confidentially to facility staff as well as Departmental Headquarters, and the Ombudsman through J-Pay. All offenders receive this brochure upon arrival at the institution; it is available in both English and Spanish. During offender interviews, offenders stated several options which could be used in order to report any allegation. The offender population appears to be educated on the different reporting options available to them.

#### **Standard 115.54 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Indiana Department of Corrections public webpage includes a specific link to department PREA information to include; a toll-free telephone number to the Indiana Sexual Assault hotline; additionally, e-mail link is provided so third parties can report on behalf of offenders. Information is also provided in the Visitor's Information Brochure on how to report inappropriate sexual contact. This information was verified and is current and active.

Indiana Department of Corrections, Policy and Administrative Procedures, 00-02-301, (dated 04/05/2015), Offender Grievance Process states in part; Third parties, including other offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders.

During the tour there were posters and information posted in the visiting room. Offenders were queried who were able to articulate how they would report on behalf of another offender; the offenders gave multiple options which could be used to document a report.

#### **Standard 115.61 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), requires all staff, contractors and volunteers to immediately report any actual or threatened sexual abuse to their supervisor, facility executive staff, or the Executive Director of PREA. Additionally, staff shall immediately report any retaliation for reporting sexual abuse or staff neglect that may have contributed to the sexual abuse or retaliation. The policy requires staff not to reveal any information related to the sexual abuse apart from reporting it to the supervisor, the PREA Compliance Manager or staff investigating the incident. During random and specialized interviews, staff, contractors, and volunteers stated they would immediately make a report to custody staff or their immediate supervisor, documenting this information.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, also requires medical staff to discuss with the offender, and report their suspicions to Internal Affairs Staff, any signs of potential sexual abuse that any have been discovered during a routine medical or dental screening. The limits of confidentiality are discussed with the offender and they sign knowledge of those limits (signed form provided to this auditor). The offenders may refuse medical or mental health care; however, they shall sign a refusal form (signed form provided to this auditor). Interviews with Medical and Mental Health staff reflect they would report any suspicions and/or reported claims.

#### **Standard 115.62 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), states “Upon receipt of a report of actual or threatened sexual abuse, staff shall ensure that the supervisor is notified immediately. Additionally, when staff learns that an offender is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the offender.” During random and specialized interviews, staff, contractors, and volunteers stated they would immediately make a report to custody staff or their immediate supervisor, documenting this information; additionally staff stated they would separate the alleged victim from the alleged perpetrator.

**Standard 115.63 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), requires when a facility receives an allegation that an offender was sexually abused at another facility, the facility receiving the information will notify, in writing, the head of the facility where the alleged abuse took place within 72 hours. The Superintendent that receives the information will ensure that the alleged incident is investigated according to policy.

Westville Correctional Facility, reports that the facility has received one allegation that an offender was sexually abused at another facility within the past year. Information provided also indicates that no cases were reported to Westville Correctional Facility, from other facilities.

**Standard 115.64 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

requires that first responders are to ensure that the victim is removed from the area and receives prompt medical intervention. They must ensure that the location of the assault and any evidence collected, in accordance with Internal Affairs Investigators, is preserved and that the evidence chain of command is handled properly in accordance with a uniform evidence protocol. During interviews with first responders, they state they will secure the victim in a safe place while ensuring no evidence is destroyed, they will secure and remain at the crime scene until a trained staff member arrives at the scene.

Per policy, if the first responder is not a custody staff member, they are to request that the victims not take any action that could destroy physical evidence and notify custody staff as soon as possible. During interviews with non-custody staff; responses were consistent with policy. All staff knew their responsibilities when responding to a sexual assault.

### **Standard 115.65 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Westville Correctional Facility, Operational Directive, Sexual Assault Prevention, #02-44, (dated 02/01/2016), defines the responsibilities of all staff involved in a coordinated response to a sexual assault. Staff includes first responders, Internal Affairs Investigators, Victim Advocates, medical staff, mental health staff and the PREA Compliance Manager (facility leadership).

Westville Correctional Facility's Operational Directive is thorough covering all areas of staffs responsibility, staff are well versed in this policy.

During interviews with staff from different areas of the facility and classifications, all knew their duties when responding to sexual assault.

### **Standard 115.66 Preservation of ability to protect inmates from contact with abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, does not have collective bargaining. This section is not applicable.

### **Standard 115.67 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), set forth protections for offenders and staff that report sexual conduct or sexual harassment, or for cooperating with an investigation into such allegations. The policy requires that the PREA committee monitor and document the conduct and treatment of offenders or staff who have reported sexual abuse to see if there are any changes that may suggest possible retaliation. The committee is required to act promptly to remedy any such retaliation. This monitoring is required for 90 days at the date of discovery of the investigation. Documentation was provided and reviewed on site which reflects this process is occurring. In addition, monthly committee meetings are conducted where the PREA committee reviews the status of ongoing investigations and other specific information related to the allegation to include the monitoring for retaliation documentation. Other individuals who fear retaliation for cooperating with an investigation will also be monitored.

Westville Correctional Facility has delegated the, Internal Affairs Investigator, to ensure that the monitoring is conducted, including periodic checks of the offender. A review of the documentation does not show compliance. The form used indicates an initial reporting date, start and an end date for monitoring. The form clearly defines the intervals for which the offender shall be monitored, actions taken during the monitoring period and a comments section for any additional information. In December 2015, a new Indiana Department of Corrections, PREA Retaliation Monitoring Form, complete with new form, was initiated. Interviews with staff, a review of documentation initially supplied along with a review of Protection Against Retaliation records reflect the facility is in compliance.

#### **Standard 115.68 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Westville Correctional Facility, reports that, over the past 12 months they have not had any offenders who have allegedly suffered sexual abuse placed in involuntary isolation/protective custody. During the tour this auditor could not find any evidence that offenders had been placed in involuntary isolation/protective custody for reporting any sexual misconduct.

#### **Standard 115.71 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, #02-01-115 and #00-01-103, Sexual Incident Reports and investigative reports, training records and certificates, SART training curriculum, and the Records Retention and Disposition Schedule were reviewed.

Indiana Department of Corrections, Policy and Administrative Procedures, #00-01-103 mandates that investigations of sexual abuse and sexual harassment be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. It requires all investigators to receive specialized training for conducting sexual abuse investigations in confinement settings. Investigators are required to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator. The policy states that special attention shall be paid to all interviews, including compelled interviews. Training for investigators include use of Miranda and Garrity warnings during the interview process and are trained to consult with the prosecutor or another legal advisor within the department with regards to compelled interviews.

Policy of the alleged victim, suspect or witness is assessed on an individual basis and shall not be determined by their status as an offender or staff. Indiana Department of Corrections may not use a voice stress analysis exam as a condition of proceeding with an investigation. Administrative investigations require an assessment of whether staff actions or failure to act contributed to the abuse. The case is required to be prepared properly so that most people can read and understand the incident from start to finish and understand the investigation as well as the conclusion.

The policy establishes a substantiation level as preponderance of evidence and requires for prosecution in substantiated cases of a criminal nature. Policy requires reports to be kept the length of the offender's sentence and/or staff employment plus five years. The Indiana Department of Corrections, records retention policy requires sexual incident reports and investigation reports and reports shall be retained for five years beyond the abusers incarceration or employees employment. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Interviews with investigative staff indicated that investigations for allegations of sexual abuse or harassment are initiated immediately, are investigated objectively and thoroughly. Investigative staff state they are contacted for all PREA allegations and respond to the facility. They investigate and gather evidence whether the allegations are against staff or offenders and review past history and prior complaints. They do not use any type of truth telling device as a condition of proceeding with an investigation. They can contact the Indiana State Police for assistance if it appears the case is going towards felony prosecution. The State Police will contact the prosecutor for consultation as necessary to ensure the compelled interview does not affect the criminal case. If staffs actions were not within policy, it would be addressed appropriately, investigated, and sent through the process. Investigators stated that the investigation is continued on both staff and offender allegations and referred for prosecution if warranted, regardless of the perpetrators continued presence/employment at the facility.

#### **Standard 115.72 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Section III, W, establishes a substantiation level as preponderance of evidence for sexual abuse and sexual harassment cases. There were no contra indicators of this in the records reviewed during the audit.

### Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-0-115, Section XVI, requires the PREA Compliance Manager to notify the offender, in writing, whether the allegation has been substantiated, unsubstantiated or unfounded at the conclusion of the investigation. Additionally, if the allegation is against a staff member, the department will inform the offender of the four events listed in 115.73 (c). If the allegation is against another offender, the departmental policy requires the victim be notified if the perpetrator has been indicted or convicted on a charge related to sexual abuse.

Copies of the notices to the offenders were reviewed during the audit, confirming compliance with this standard.

### Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 04-03-103, Information and Standards of Conduct for Departmental Staff, Section VII, states, “Dismissal shall be the presumptive disciplinary sanction for a staff person who violates the Department’s sexual abuse or sexual harassment policies.” If an employee is terminated or, about to be terminated and resigns, the case is referred to the local law enforcement agency (unless clearly non-criminal).

The Discipline section of the Policy Statement requires the employer to consider all factors prior to imposing a disciplinary sanction. This includes the seriousness of the offence, and the employee’s work history. This section illustrates behavior which constitute just cause for termination, but are not limited to: workplace harassment based, in whole or in part, on race, color, sex, religion, age, disability, or national origin which manifests itself in the form of comments, jokes, printed material and/or unwelcome sexual advances, requests for sexual favors, or verbal or physical conduct of a sexual nature.

Westville Correctional Facility provided this documentation of one employee who violated the sexual abuse/sexual harassment policy and who was reported to law enforcement for prosecution.

### Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Section XVI, requires the facility to take appropriate remedial measures, including prohibiting contact with offenders, in the case of any violations of the Department’s sexual conduct or sexual harassment policy by staff, contractors or volunteers. These cases will be referred to local law enforcement, unless the behavior was clearly non-criminal, and to the licensing authority.

Documentation provided by the facility reflects there was zero cases were reported involving volunteer or contract employees.

### **Standard 115.78 Disciplinary sanctions for inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-04-101, The Disciplinary Code for Adult Offenders, establishes the maximum allowable sanctions for each class of offence, based on the seriousness of the offence. A nonconsensual sexual act is a class “A” offence (most serious). This disciplinary code applies to all adult offenders. Mitigating and aggravating factors are considered during the hearings (including prior history, mental health issues, etc.)

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Section XVII, requires mental health staff to complete a mental health evaluation of the abuser within 60 days of a substituted case of offender-on-offender sexual abuse and offer treatment when necessary.

Offender disciplinary reports were provided and reviewed by the facility. These reports demonstrate compliance with policy the PREA.

### **Standard 115.81 Medical and mental health screenings; history of sexual abuse**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, requires that, if the intake assessment indicates that the offender has experienced prior sexual victimization or previously perpetrated sexual abuse, the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, also requires informed consent from the offender before reporting any prior sexual victimization that occurred outside the institutional setting. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to staff, as necessary, to make decisions on treatment plans, security placement and other management decisions. Policy also mandates both medical and mental health staff obtain consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. Interviews with these staff confirm their knowledge of the informed consent process and staff explained the process.

Interviews with staff who perform risk screening related that offenders who indicate they have previously perpetrated sexual abuse are offered a follow-up meeting with a medical and/or mental health practitioner. Per the Sexual Assault Manual, initial assessment shall take place in a quiet closed place, immediately following the assault. Medical and mental health staff interviews revealed that staff responds immediately when noticed of an incident of sexual abuse. The treatment is based on their professional judgement. Offender victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

### **Standard 115.82 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Section XVII, requires that a victim of an actual sexual abuse shall be referred to the facility’s health care staff. The victim will receive timely, unimpeded access to quality health care. In the event that a qualified health care provider is not on duty, an on-call medical or mental health staff will be contacted and advised of the report. Victims of sexual abuse shall be provided counseling by health care staff in regards to transmission, testing and treatment methods (including prophylactic treatment), and risks associated with sexually transmitted infection treatment. The offender is offered HIV and viral hepatitis testing 6 to 8 weeks following the sexual abuse. Victims of sexual abuse are not charged for any medical or mental health services regardless of whether or not they cooperate with the investigation. During staff and offender interviews, and review of documentation, Westville Correctional Facilities medical staff immediately sees every offender when a case of sexual abuse is reported.

Per the Sexual Assault Manual, initial assessment shall take place in a quiet closed place, immediately following the assault. Medical and mental health staff interviews revealed that staff responds immediately when noticed of an incident of sexual abuse. The treatment is based on their professional judgement. Offender victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

Custody staff, non-custody staff, and first responders stated that notification is made via the telephone or institutional radio, to the medical staff who are on duty when informed of an incident of sexual abuse. They also stated that if no qualified medical or mental health practitioners are on duty at the time they receive the allegation, first responders take preliminary steps to protect the victim per standard 115.62, and notify the appropriate medical and mental health supervisory staff.

### **Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, #02-01-115 and the Sexual Assault Manual were reviewed and require each facility to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse. The Sexual Assault Manual that was provided goes into detail about the process to be followed by staff.

Policy requires the evaluation and treatment of offenders who have been victimized, to include as appropriate, follow-up services and referrals for continued care following their transfer to, or placement in, other facilities and upon the offender’s release. Policy mandates that victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and that treatment services are to be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Indiana Department of Corrections, Policy and Administrative Procedures, #02-01-115 also states mental health evaluations are required for all known offender-on-offender abusers within 60 days of learning of such abuse history. Treatment should be offered when deemed appropriate by mental health practitioners.

During interviews with medical and mental health staff, offenders are provided with treatment, screening, and follow-up mental health services, as determined appropriate by mental health staff. They also stated that if an offender states he has a history of sex abuse, he would be offered counseling services.

There is no mention in the policy about providing services consistent with the community level of care; however, the policy indicates that the offender will have access to a forensic exam at the designated medical center and to victim advocates who work in a community rape crisis center. Also, medical staff interviewed stated that services are at or better than the community level of care. Based on this, the auditor feels this standard has been met.

**Standard 115.86 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, #02-01-115 mandates that the Superintendent of each facility shall establish a Facility PREA Committee comprised of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The Facility PREA Committee is responsible to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. Policy mandates the Facility PREA Committee to consider all six criteria as outlined in standard provision 115.86(d).

The audit team reviewed several examples of PREA Committee reviews and found that the incident review adequately addressed and the committee’s assessment and clearly documented their recommendations. Include in the Sexual Assault Incident Review packet is all documentation needed in order to conduct a thorough assessment. Recommendations identified during the review are clearly documented, how the recommendations are implemented or the reasons for not doing so.

### Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, #02-01-115 and the Survey of Sexual Violence documents were reviewed by the audit team and mandate the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. All data is aggregated annually and displayed on the agencies website. The policy requires the facility to maintain, review, and collect data for all allegations.

The PREA Compliance Manager maintains a record of all reports of sexual abuse and sexual harassment at the facility. Each individual Sexual Incident Report is submitted to the PREA Coordinator and discussed at the monthly Facility PREA Committee. Documentation provided by the facility and a review of meeting minutes reflect, PREA Meetings are held on a monthly bases.

The Indiana Department of Corrections and Westville Correctional Facility, collects data relative to sexual abuse annually in compliance with PREA data collections standards. This auditor reviewed the aggregated data for years 2013 and 2014. Westville Correctional Facility forwards these reports to the Departmental PREA Compliance Coordinator.

### Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, #02-01-115, the Agency's Website and the 2013 and 2014 Sexual Assault Prevention Program Annual Report were provided and reviewed by the audit team.

Indiana Department of Corrections, Policy and Administrative Procedures, #02-01-115 mandates annually, the Superintendent and the PREA Compliance Manager, as well as any other designated staff, shall conduct an evaluation of the efforts of the facility to eliminate sexual abuse and ensure compliance with this policy and administrative procedure. This evaluation shall include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the facility's progress in addressing the sexual abuse program and procedural changes shall be made at the facility based upon this evaluation. The report shall include a comparison of the current year's data and corrective action with those from prior years and shall provide an assessment of the department's progress in addressing sexual abuse. The facility's annual report must be approved by the PREA Coordinator and made readily available to the public through the department's public website.

The PREA Coordinator indicates the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. He further indicated that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

Through the interview with the Superintendent, the auditor was informed that each allegation is reviewed by the Facility PREA Committee and that information is provided to the PREA Coordinator for the annual review. Any issues identified during the Facility PREA Committee are addressed at that time.

The PREA Compliance Manager indicated all Sexual Incident Report information is provided to the PREA Coordinator for annual review.

The audit team was provided with 2014 Sexual Assault Prevention Program Annual Report which compares data from the past two years. No personal identifying information was included in this report.

**Standard 115.89 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Indiana Department of Corrections, Policy and Administrative Procedures, #02-01-115 was reviewed by the audit team and requires the agency to ensure that data collected pursuant to standard 115.87 are securely retained and to make all aggregated sexual abuse data from facilities under its direct control readily available to the public at least annually through its public website. The policy requires the department to remove all personal identifiers from aggregated sexual abuse data before making said data publicly available. Agency website information provides no personal identifiers. The Executive Director of PREA is required to maintain sexual abuse data collected pursuant to standard 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

The PREA Coordinator indicates the data is maintained in a secure data system backed up as required per departmental policy. A review of the website demonstrates aggregated sexual abuse data from facilities under its control to the public is posted, as required. Information displayed on the agency website, contains no personal identifiers. No federal, state or local law was provided by the agency to indicate there was a law in place to require a data maintenance procedure which would supersede standard provision 115.89(d).

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Matthew Rustad

11/29/2016

Auditor Signature

Date