



STATE OF INDIANA
Department of Correction
 Indiana Government Center—South

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2017 Sexual Assault Prevention Program Annual Report

This report provides a summary of the sexual incident report data collected in 2017, compares reporting data with the previous two years, summarizes problems identified and action plans, changes made to improve compliance with PREA standards, and identifies continued needs for compliance.

1. Summary of SIR data for 2017

2017 AGENCY TOTALS	Substantiated	Unsubstantiated	Unfounded	Ongoing Invest	Total	% of Pop*
Inmate Sexual Harassment	7	45	24	28	104	.4
Abusive Sexual Contact	14	16	10	3	43	.2
Nonconsensual Sexual Act	0	26	15	10	51	.2
Staff Sexual Harassment	7	63	53	4	127	.5
Staff Sexual Misconduct	8	13	16	6	43	.2
Totals	36	163	118	51	368	
% of Population*	.1	.6	.5	.2	1.4	

*The percentage was based on an average daily population for 2017 of 25,753, excluding jail holds.

2. Comparison of 2016 SIR data with previous two years.

2016 AGENCY TOTALS	Substantiated	Unsubstantiated	Unfounded	Ongoing Invest	Total	% of Pop*
Inmate Sexual Harassment	12	51	31	2	96	.4
Abusive Sexual Contact	15	43	17	1	76	.3
Nonconsensual Sexual Act	3	20	14	0	37	.1
Staff Sexual Harassment	6	68	73	0	147	.6
Staff Sexual Misconduct	10	25	37	0	72	.3
Totals	46	207	172	3	428	
% of Population*	.2	.8	.7	.01	1.6	

*The percentage was based on an average daily population for 2016 of 26,065, excluding jail holds.

2015 AGENCY TOTALS	Substantiated	Unsubstantiated	Unfounded	Ongoing Inv	Total	% of Pop*
Inmate Sexual Harassment	5	28	6	21	60	.2
Abusive Sexual Contact	6	28	16	5	55	.2
Nonconsensual Sexual Act	6	25	10	0	41	.2
Staff Sexual Harassment	3	62	19	2	86	.3
Staff Sexual Misconduct	8	22	14	5	49	.2
Totals	28	165	65	33	291	
% of Population*	.1	.6	.2	.1	1.1	

*The percentage was based on the average daily population for 2015 of 27,387, excluding jail holds.

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

2015 – 5 ISH, 6 ASC, 6 NCSA, 3 SSH, 8 SSM 28 total substantiated reports
2016 – 12 ISH, 15 ASC, 3 NCSA, 6 SSH, 10 SSM 46 total substantiated reports
2017 – 7 ISH, 14 ASC, 0 NCSA, 7 SSH, 8 SSM 36 total substantiated reports

The total number of substantiated reports in 2017 has fallen from the total number for 2016 by 12%. The total number of reports are down 14% from 2016. All incident types saw a reduction in substantiated reports except offender Staff Sexual Harassment. There was a 22% reduction in allegations involving staff and a 5% reduction in allegations involving inmate perpetrators.

3. Problems identified and corrective actions taken.

The following are corrective actions by the agency in 2016:

- A two day training on PREA standards compliance and audit preparation was provided to all PREA Compliance Managers and Wardens as a result of the corrective actions from all PREA audits in 2016 and the number of new PREA Compliance Managers.
- A PREA employment background check form was developed to document inquiring about prior substantiated sexual abuse investigation findings or resignations during a sexual abuse investigation with former institutional employers of applicants to the IDOC.

The following are corrective actions as a result of incident reviews by facilities during 2016:

- The Edinburgh Correctional Facility retrained staff on the use of professional language as a result of an incident resulting in termination for a correctional officer.
- The Indiana Women’s Prison added additional cameras in areas deemed a blind spot. PREA training was provided to custody staff at pre-shift
- The Pendleton Juvenile Correctional Facility added additional cameras in the kitchen area and the student sleeping areas to improve monitoring of vulnerable areas. Policy was implemented that instructed staff and students to not be in areas that are not monitored by cameras without additional supervision.

- The Westville Correctional Facility installed additional cameras on each dorm to improve monitoring.
- The Putnamville Correctional Facility developed a plan to expand the camera system to the Recreational Building and the lobby of the Health Care Unit.
- The Plainfield Correctional Facility provided re-training to staff on professional conduct to correct inappropriate behavior.

The following are corrective actions as a result of PREA audits:

- Pendleton Correctional Facility
 - Several areas were found to have deadbolts that lock from the inside and barrel bolts. These were either removed or replaced with deadbolts that lock only with a key.
 - HR staff were not asking all staff promoting or transferring into the facility the required questions in 115.17. This was already required by IDOC policy. HR staff were reminded of the policy requirement and what the correct form was for documenting compliance. Auditors were provided with documentation for a specified period of time to show compliance.
 - Sexual incident reviews were missing for several cases. The facility PREA Compliance Manager was reminded of the policy requirement for these reviews. Auditors were provided with completed reviews for a specified period after the on-site audit to show compliance.
- Plainfield Correctional Facility
 - Notice of Investigation Outcome forms were not signed by the offender on a few cases. The Warden issued a memorandum to staff reminding them they are to have the offender sign the form.
 - A form letter was created to document the notice to another facility head of a report of sexual abuse that occurred another facility.
 - A lock was replaced on a grounds keeping shop door that could be locked by anyone on the inside.
 - Guard one buttons were installed in the education building to document rounds are being made by supervisors.
- Putnamville Correctional Facility
 - Emergency grievances regarding sexual abuse were not being responded to within 48 hours. The Warden issued a memorandum to all investigators to respond within 48 hours.
 - Retaliation monitoring was not being conducted after a report was received. A log was developed to track retaliation monitoring to ensure future compliance.
 - A Notice of Outcome was not completed and given to the victim for some investigations. A log was created to track providing the Notice of Outcome for future compliance.
 - Referrals to medical and mental health were not being done or documented well. The Warden issued a memorandum informing staff who will be responsible for making those referrals and how to document them for future compliance.
- Reception Diagnostic Center

- HR was not asking prior institutional employers if there were any substantiated sexual abuse findings or resignations during an investigation. The PREA Coordinator developed a form for HR to document this for future compliance.
- The vulnerability assessment (SVAT) was not being reviewed when offenders were at RDC for more than 30 days. Staff were instructed to complete these reviews when an offender was there for 21 days.
- Occasionally offenders are segregated that appear to be at high risk for victimization when received. Review of alternatives to segregation were not being documented. Staff were reminded that IDOC policy requires the reasons for segregation and restrictions be documented on the PREA Housing Assignment Review form is to be completed upon segregation due to sexual abuse vulnerability.

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

- Request for Information PREA Investigations form was created to document employment background checks per standard 115.17.
- The agency improved or added video monitoring technology at the following facilities:
 - Branchville Correctional Facility
 - Edinburgh Correctional Facility
 - Correctional Industrial Facility
 - Indiana Women's Prison
 - LaPorte Juvenile Correctional Facility
 - Pendleton Juvenile Correctional Facility
 - Plainfield Correctional Facility
 - Rockville Correctional Facility
 - Madison Correctional Facility
 - Westville Correctional Facility
- The agency received 6 PREA audits from California and provided 3 PREA audits to Missouri as part of a PREA auditing consortium MOU. Missouri and Louisiana have withdrawn from the consortium. California, Kansas and Indiana have agreed to continue the consortium and plan to continue audits.

5. Continued Needs for Compliance

In October of 2017 the staffing ratios required in standard 115.313 became effective for all juvenile facilities. The IDOC Division of Youth Services closed the Madison Juvenile facility and moved the population to the LaPorte Juvenile Correctional Facility. An assessment of that facility's ratio needs to be completed. However, the two other juvenile facilities have been determined to not meet the ratio at this time.

- Increasing staffing at juvenile facilities to meet the staffing ratios required by standard 115.313.

6. Summary

In 2017 the Indiana Department of Correction continued to work toward full compliance with all PREA standards. Training was provided to key staff responsible for implementation and compliance with PREA policy and PREA standards. Audits were conducted as part of a multi-state PREA audit consortium to begin audits in Cycle 2. The agency continues to improve video monitoring technology in several facilities. The number of reports received in 2017 went down compared to 2016. This could be due to an improved response by staff to reports and increased knowledge of zero tolerance by staff and offenders.

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Date: 4/9/18

Approved: Rob Carter
Rob Carter, Commissioner

Date: 04/09/18