



**STATE OF INDIANA
Department of Correction**

Indiana Government Center—South

Eric J. Holcomb
Governor

302 W. Washington Street • Indianapolis, Indiana 46204-2738
Phone: (317) 232-5711 • Fax: (317) 232-6798 • Website: www.in.gov/idoc/

Robert E. Carter Jr.
Commissioner

2018 Sexual Assault Prevention Program Annual Report

This report provides a summary of the sexual incident report data collected in 2018, 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 2018

2018 AGENCY TOTALS	Substantiated	Unsubstantiated	Unfounded	Ongoing Invest	Total	% of Pop*
Inmate Sexual Harassment	8	42	31	6	87	.3
Abusive Sexual Contact	8	39	14	6	67	.3
Nonconsensual Sexual Act	5	20	15	7	47	.2
Staff Sexual Harassment	7	31	25	6	69	.3
Staff Sexual Misconduct	16	19	19	12	66	.3
Totals	44	151	104	37	336	
% of Population*	.2	.6	.4	.1	1.3	

*The percentage was based on an average daily population for 2018 of 26,481, excluding jail holds.

2. Comparison of 2018 SIR data with previous two years.

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.

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.

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

2016 – 46 total substantiated reports

2017 – 36 total substantiated reports

2018 – 44 total substantiated reports

The total number of substantiated reports in 2018 has fallen from the total number for 2016 by 4%. The total number of reports for 2018 are down 21% from 2016 and 9% from 2017. There was a 38% reduction in allegations involving staff and a 4% reduction in allegations involving inmate perpetrators comparing data from 2016 to 2018.

3. Problems identified and corrective actions taken.

The following are corrective actions by the agency in 2018:

There were no agency level corrective actions required during a facility audit in 2018.

The following are corrective actions as a result of incident reviews by facilities during 2018:

Branchville Correctional Facility

- An addendum was made to post orders to ensure that at no time would an offender be in the medical department with only one Wexford staff;
- These addendums will be incorporated into MPB Officer, Shift Supervisor and Assistance Shift Supervisor and Officer's post orders upon the next review. Effective immediately, if at any time an offender is brought to medical with one nurse available, the officer needs to stay present in the infirmary until the offender leaves. Whether it be the MPB 1 or 2 Officer or the officer that escorted the offender down, someone has to stay in the infirmary until the offender leaves, or that officer is relieved by another DOC staff.
- The facility is considering a black censor box being applied to the camera in RHU to block cross gender viewing while offenders use the toilet. At this time no offenders are being strip searched in the Restricted Housing holding cell due to the camera in the cell.

Heritage Trail Correctional Facility

After action reviews in early 2018 determined changes needed to be made in the facility's investigative process to ensure timely conclusions of investigations.

- Reassignment of staff in investigations
- Additional staff trained as Specialized PREA investigators and assigned to complete sexual abuse investigations.
- A more comprehensive tracking mechanism was put in place to track submission and corrections to investigation reports.

New Castle Correctional Facility

- Installed new cameras in 11 housing units to improve monitoring and offender safety.

Putnamville Correctional Facility

- Latrine entrance cameras were installed in all dormitories to improve monitoring and offender safety.
- Recommendations were made for cameras to be installed in the Health Care Unit, Commissary Building, and complex hallways.

Indiana State Prison

- Reminded staff to complete incident reports, logging the incident into the daily log is not sufficient.
- Increased awareness of the issue of transgender offenders being strip-searched. Transgender offenders should be strip-searched alone, not in the presence of other offenders.
- Investigator forgot to forward the investigative case to the PREA Compliance Manager and the timeline for incident review was missed. Reaffirmed procedure to ensure that timeliness is maintained.

Westville Correctional Facility

- Installed additional cameras in each dormitory to eliminate identified blind spots.

Pendleton Juvenile Correctional Facility

- We have placed additional cameras in the housing unit sleeping rooms of the students. The custody staff that are working in the housing unit control areas have been trained to monitor the sleeping room cameras for any movement of the students while in the rooms.

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

Edinburgh Correctional Facility:

- A restroom was locked in foodservice and converted to staff only.
- A log was placed on the second floor of each dorm for staff rounds upstairs to be logged.
- A log was placed in the laundry room to log staff rounds.
- A privacy screen was replaced in medical to prevent cross gender viewing through the window in the door.
- The Warden issued a memo to staff requiring medical and mental health referrals for past victims and perpetrators of sexual abuse.
- The Warden issued a memo informing staff of the established translator service and when it is to be used.

- The Warden issued a memo to staff prohibiting staff from reading or censoring mail to the Ombudsman.
- A criminal background check and mandated PREA questions was completed for every staff.

Madison Correctional Facility

- A key access had to be installed on an elevator to prevent offender access.
- Two stair wells in the McCart Unit did not have cameras. Mirrors were installed to aid in offender monitoring by staff.
- A door was installed to control access to a loft in the intake area.
- Access under the stairs in the basement of medical was closed off to eliminate a blind spot.
- Investigation reports were reviewed after the onsite for to ensure the investigation is documented in accordance with standard 115.71.

Indiana Women's Prison

- A mirror was installed in the warehouse to aid in offender monitoring by staff.
- A property door in the restricted housing unit was secured to prevent a potential blind spot.
- A post order was revised to restrict male staff from being present during the restricted housing unit shower procedures.
- New log books were placed in each housing unit to aid in the documentation of unannounced rounds. Documentation of unannounced rounds that follow the standard were provided for review for 90 days after the onsite portion of the audit.
- Sexual Violence Assessments were provided after the onsite audit for review to ensure they were completed within 72 hours and reviewed within 30 days of arrival.

Miami Correctional Facility

- Mirrors were installed to aid in monitoring offenders by staff in identified blind spots in the commissary room, library and PEN Products work area.
- Modesty screens were replaced with larger screens to improve blocking cross gender viewing in the showers in all housing units.
- Cross gender announcements were adjusted in the level one unit to meet standard 115.15.
- The method of referral for mental health services for offenders reporting prior victimization and prior perpetration was changed to ensure the offender is seen in mental health.

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

The following are steps the Indiana Department of Correction took during 2018 to improve compliance with PREA standards. Although the state is not 100% compliant with the PREA standards, Governor Holcomb provided assurance the state would continue to work toward 100% compliance to the U.S. Attorney General. The following are steps the agency took to work toward compliance or improved compliance:

- The IDOC contracted the Moss Group for a project to improve the IDOC's sexual abuse investigations. The project included a review of current investigations, providing sexual abuse investigations training to agency Investigators and facility PREA Compliance

Managers, and a post-training review of investigations to assess the effectiveness of the training.

- The IDOC received PREA audits at four IDOC prisons by PREA Auditors from the CDRC and the IDOC sent three PREA auditors to conduct three prison audits for the KDOC as part of an audit consortium with California and Kansas.
- A new policy was created to provide a more detailed evaluation of transgender and intersex offender facility placement.
- The IDOC sent one staff to the DOJ Certified PREA Auditor training to provide additional assistance with conducting audits in the consortium.

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 La Porte Juvenile Correctional Facility. The La Porte JCF has been able to meet the required ratios due to their low population, however the two other juvenile facilities still cannot meet the ratios at this time. A continued need for compliance is an increase in staffing at juvenile facilities to meet the staffing ratios required by standard 115.313.

6. Summary

In 2018, the Indiana Department of Correction continued to make improvements in policy and practice to meet the PREA standards. Training was provided to agency investigators tasked with sexual abuse investigations to ensure thorough investigations are being conducted and documented. Audits were conducted as part of a multi-state consortium for year two of audit cycle two. The agency continues to improve video monitoring technology.

Prepared by: Bryan Pearson
Bryan Pearson, Director of PREA Compliance

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Approved: Rob Carter
Rob Carter, Commissioner of IDOC

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