



**STATE OF INDIANA
Department of Correction**

Indiana Government Center—South

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Robert E. Carter Jr.
Commissioner

2019 Sexual Assault Prevention Program Annual Report

This report provides a summary of the sexual incident report data collected in 2019, compares reporting data with the previous two years, summarizes problems identified and action plans completed, changes made to improve compliance with PREA standards, and identifies continued needs for compliance for the Agency.

1. Summary of SIR data for 2019

2019 AGENCY TOTALS	Substantiated	Unsubstantiated	Unfounded	Ongoing Invest	Total	% of Pop*
Inmate Sexual Harassment	9	57	38	16	120	.4
Abusive Sexual Contact	6	36	23	18	83	.3
Nonconsensual Sexual Act	4	30	21	7	62	.2
Staff Sexual Harassment	4	34	19	11	68	.2
Staff Sexual Misconduct	22	23	35	11	91	.3
Totals	45	180	136	63	424	1.6
% of Population*	.2	.7	.5	.2		

*The percentage was based on an average daily population for 2019 of 27,068, excluding jail holds.

2. Comparison of 2019 SIR data with previous two years.

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	1.3
% of Population*	.2	.6	.4	.1		

*The percentage was based on an average daily population for 2018 of 26,550, excluding jail holds.

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	1.4
% of Population*	.1	.6	.5	.2		

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

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

2017 - 36 total substantiated reports

2018 - 44 total substantiated reports

2019 - 45 total substantiated reports

In comparing the data from 2018 to 2019, there was a 21% increase in the number of reports overall. The total number of reports for Staff Sexual Harassment stayed the same as the previous year. There was a 27% increase in the number of Inmate Sexual Harassment reports, a 19% increase in the number of Abusive Sexual Contact reports, a 24% increase in the number of Nonconsensual Sex Act reports, and 27% increase in the number of Staff Sexual Misconduct reports from 2018. Although the total number of substantiated reports remained the same from 2018 to 2019, there was a 27% increase in Staff Sexual Misconduct cases. All of these cases resulted in termination for IDOC staff or gate closure for contract staff. 14 were referred for prosecution and 8 were not as kissing was all that could be substantiated. There was a 15% increase in reports involving staff and a 24% increase in reports involving inmate perpetrators comparing 2018 data to 2019. When comparing 2017 data to 2019, the increase in reports involving offenders was the same, however there was a 16% decrease in reports involving staff.

3. Problems identified and corrective actions taken.

The following are corrective actions by the agency in 2019:

There were no agency level corrective actions required during a facility audit in 2019.

The following are corrective actions as a result of incident reviews by facilities during 2019:

Indiana State Prison:

- Request staff to conduct pat searches in view of cameras and in manner consistent with training protocols. Discussed at Captain's and Lieutenants Meeting.
- Request to increase lighting in the area outside the W1 shower at night.
- Request to add video monitoring to the clothing room.

Putnamville Correctional Facility:

- Latrine entrance cameras were installed in all dormitories.
- Recommendations were made for cameras to be put in the Health Care Unit, Commissary Building, and complex hallways.
- The facility's Recruitment and Retention Coordinator proactively pursues new employees for hire in an effort to staff all dormitories with 2 officers.
- New shower curtains replaced when needed in all housing units.

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

Indiana State Prison

- The PREA Compliance manager implemented a system to track assessments to ensure the required review is completed within 30 days of transfer to ISP.

South Bend Community Reentry Center/COL

- A half wall was installed by the urinals to prevent cross gender viewing in one housing unit at SB.
- A sign was posted outside two bathroom entrances instructing cross gender staff to knock and announce before entering at COL.
- An information sheet informing offenders how to report sexual abuse in a grievance was added to the PREA education materials and provided to the current offenders at SB/COL.
- SB/COL staff were provided training on completing sexual abuse incident reviews within 30 days of conclusion of the investigation.

Rockville Correctional Facility

- A tracking mechanism was implemented to ensure vulnerability assessments are completed within 30 days of the offender's arrival. Two months of assessment reviews were provided to the auditor. All were found to be compliant.

Branchville Correctional Facility

- Privacy screens were installed in A and B housing unit shower entrances to block cross gender staff from seeing offenders in the shower without compromising security.
- A handout instructing offenders how to report sexual abuse through a grievance was added to the offender PREA education and provided to all current offenders.

Wabash Valley Correctional Facility

- Blind spots were identified in several areas of the facility. All blind spots were mitigated by: clearing coverings from windows in staff offices, installing 360 degree domed or 180 degree curved mirrors in corners, securing doors to the kitchen back dock, and removing a barrel bolt on an offender restroom in an out building.
- Several cross gender viewing issues were identified by auditors. These were mitigated by: installing saloon doors at the entrance to a bathroom, adjusting the height of saloon doors on showers, placing obscuring window tint on windows, and re-enforcing the requirement for cross gender staff to announce their presence going into restricted housing ranges.

- All staff were made aware of the interpretive service available for LEP offenders in the event of a PREA report by a memorandum from the Warden.
- Offender education brochures are now being given to offenders when they arrive at the receiving and release building upon transfer to WVCF to inform them of how to report sexual abuse and sexual harassment at intake.
- Posters providing offenders with information about reporting sexual abuse and sexual harassment were either put in place where missing or relocated to be next to the offender phones.
- Offenders and staff lacked knowledge of the victim advocate services that were available. This information was distributed to all staff through training or to offenders through orientation education. Postings with the information were placed in all housing units.
- Investigation reports reviewed were not documenting all standard requirements. Investigations were sent to the auditor for review over the next 3 month. All reports reviewed were found to meet the standard.
- Examples of medical referrals for prior victims of sexual abuse were sent to the auditor and demonstrated compliance with the standard and policy.
- Examples of sexual abuse incident reviews were sent to the auditor and demonstrated compliance with the standard and policy.

Westville Correctional Facility

- Training was provided to investigators regarding the collection and processing of evidence, response to reports, evidentiary standards for investigations, referral for prosecution and notifying the offender of the investigation outcome.
- Staff were reminded to use the PREA Housing Assignment form when an offender is placed in protective custody involuntarily after reporting sexual abuse.
- Examples of assessment reviews were sent to the auditor for review for 3 months. All were determined to demonstrate compliance with standard 115.41 and DOC policy.

LaPorte Juvenile Correctional Facility

- Shower curtains were hung on a few showers stalls that did not have them in a bathroom that had been renovated.
- Two re-assessments were not completed at the time of the audit. These were completed and provided to the auditor. Both were found to meet the standard.

Logansport Juvenile Correctional Facility

- Training was provided to personnel staff covering the requirements of standard 115.317.
- Two missing assessments were completed for the auditor to review at the time of the onsite audit.

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

The following are steps the Indiana Department of Correction took during 2019 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 partnered with the Indiana Coalition Against Domestic Violence to review and revise the Sexual Assault Response Team training curriculum to clarify first responder duties and improve victim advocacy by qualified staff. Facility SART instructors were provided with training on the new curriculum. ICADV also provided a specialized training on victim advocacy to SART first responders from all facilities in 3 regional trainings.
- During the third year of the second PREA audit cycle, IDOC certified PREA auditors completed audits in 2 Kansas DOC prisons as part of a PREA audit consortium with California and Kansas DOC's. The CDRC sent certified PREA auditors to conduct a PREA audit at the Wabash Valley Correctional Facility. This completed the work on the consortium agreement. For the first year of the third PREA audit cycle, beginning in August 2019, the IDOC contracted Diversified Correctional Services to complete PREA audits of IDOC facilities during the third audit cycle.

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. In 2019, the La Porte Juvenile Correctional Facility and Logansport Juvenile Correctional Facility were found to meet the required staffing ratios based on the results of PREA audits. The Pendleton Juvenile Correctional Facility is currently working on a corrective action to meet the staffing ratios for a PREA audit. The continued need for compliance is filling current vacancies and an increase in staffing to meet the staffing ratios required by standard 115.313.

6. Summary

In 2019, the Indiana Department of Correction continued to make improvements in policy and practice to meet the PREA standards. Training was provided to SART instructors with revised SART curriculum that clarifies the role of a SART first responder and improves the Agency's response to sexual abuse and sexual harassments reports. Audits were conducted as part of a multi-state consortium for year three of audit cycle two. The Agency continues to improve video monitoring technology.

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Date: 3/4/2020

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