2021 Sexual Abuse Prevention Program Annual Report

This report provides a summary of the sexual incident report data collected in 2021, compares reporting data with the previous two years, summarizes problems identified and corrective actions completed, changes made to improve compliance with PREA standards, and identifies continued needs for compliance for the Agency.

1. Summary of SIR data for 2021

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

2. Comparison of 2021 SIR data with previous two years.

<table>
<thead>
<tr>
<th>2020 AGENCY TOTALS</th>
<th>Substantiated</th>
<th>Unsubstantiated</th>
<th>Unfounded</th>
<th>Ongoing Invest</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate Sexual Harassment</td>
<td>7</td>
<td>104</td>
<td>47</td>
<td>7</td>
<td>165</td>
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<tr>
<td>Abusive Sexual Contact</td>
<td>4</td>
<td>44</td>
<td>12</td>
<td>5</td>
<td>65</td>
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<tr>
<td>Nonconsensual Sexual Act</td>
<td>3</td>
<td>65</td>
<td>24</td>
<td>16</td>
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<tr>
<td>Staff Sexual Harassment</td>
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<td>39</td>
<td>21</td>
<td>7</td>
<td>67</td>
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<tr>
<td>Staff Sexual Misconduct</td>
<td>15</td>
<td>25</td>
<td>15</td>
<td>2</td>
<td>57</td>
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<tr>
<td>Totals</td>
<td>29</td>
<td>277</td>
<td>119</td>
<td>37</td>
<td>462</td>
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</table>

<table>
<thead>
<tr>
<th>2019 AGENCY TOTALS</th>
<th>Substantiated</th>
<th>Unsubstantiated</th>
<th>Unfounded</th>
<th>Ongoing Invest</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate Sexual Harassment</td>
<td>9</td>
<td>57</td>
<td>38</td>
<td>16</td>
<td>120</td>
</tr>
<tr>
<td>Abusive Sexual Contact</td>
<td>6</td>
<td>36</td>
<td>23</td>
<td>18</td>
<td>83</td>
</tr>
<tr>
<td>Nonconsensual Sexual Act</td>
<td>4</td>
<td>30</td>
<td>21</td>
<td>7</td>
<td>62</td>
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<tr>
<td>Staff Sexual Harassment</td>
<td>4</td>
<td>34</td>
<td>19</td>
<td>11</td>
<td>68</td>
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<tr>
<td>Staff Sexual Misconduct</td>
<td>22</td>
<td>23</td>
<td>35</td>
<td>11</td>
<td>91</td>
</tr>
<tr>
<td>Totals</td>
<td>45</td>
<td>180</td>
<td>136</td>
<td>63</td>
<td>424</td>
</tr>
</tbody>
</table>
The number of substantiated reports for the last three years is as follows:
2019 - 45 total substantiated reports
2020 - 29 total substantiated reports
2021 - 51 total substantiated reports

In comparing the data from the last two years to 2021, there was a 10% decrease in the overall number of reports from 2020 to 2021. However, the number of substantiated findings increased by 44% over 2020 and 22% over 2019. The totals for each type of finding in 2021 are very similar to the totals in 2019.

3. Problems identified and corrective actions taken.

The following are corrective actions by the agency in 2021:

The IDOC added convicted sex offenders as prior perpetrators of sexual abuse that required a referral to medical/mental health within 14 days as required in standards 115.81. Previously the agency had not defined a prior perpetrator of sexual abuse as someone that committed a sex offense outside of a correctional facility. A new interpretation was provided by an auditor during audits in 2021 that was verified by the PRC. A directive went out to all facilities to make the change.

During audits in 2021, it was determined there was a need to improve documenting the bi-annual meeting with transgender offenders. A new form was created by the PREA Coordinator and provided to all facility PREA Compliance Managers to use for documenting these meetings.

The following are corrective actions as a result of incident reviews by facilities during 2021:

Indiana Women's Prison
- Staff must have offenders leave their rooms prior to staff entering for room searches.
- Staff were provided additional training on manipulation and professional boundaries.
- Staff working overtime from male facilities must complete additional training on the different PREA requirements working in a female facility.

Madison Correctional Facility
- Requested additional cameras in the hallways of Dana Blank housing unit and the ICI Royer building.

Miami Correctional Facility
- Additional cameras were added to all laundry rooms.
- Staff were instructed to have offenders leave the laundry rooms prior to entering.
- Cameras were added to walk-in coolers in foodservice areas.

New Castle Correctional Facility
- Staff were provided additional information regarding reporting knowledge or suspicion of incidents of sexual abuse and sexual harassment immediately.
Pendleton Juvenile Correctional Facility
- Students involved in sexual acts would be placed on separate status.
- Students will be called out by name when moving on walks between buildings.

Rockville Correctional Facility
- Maintenance Forman are required to announce on the radio each time they enter an unoccupied area and include the number of offenders they have with them. They will then announce when they leave the area.

The following are corrective actions as a result of facility PREA audits during 2021:

1. Indiana Women’s Prison
   - 115.22 staff didn’t report, so no referral
   - 115.31 female facility training for staff from IYC
   - 115.34 Investigator did SA without specialized training
   - 115.61 staff didn’t report knowledge or suspicion
   - 115.86 Incident review

2. BRANCHVILLE CORRECTIONAL FACILITY
   - 115.41 SVATS 30 day not done, only 72 hour
   - 115.42 Transgender review not done

3. MIAMI CORRECTIONAL FACILITY
   - 115.15 infirmary male only post, shower view from upper range
   - 115.41 SVAT’s not in time frame
   - 115.52 reporting during lockdown
   - 115.67 monitoring not done correctly
   - 115.71 investigation incomplete on MH staff
   - 115.86 incident reviews missing or out of time frame

4. SOUTH BEND/COJ RE-ENTRY FACILITY
   - 115.86 incident review was late for one incident

5. MADISON CORRECTIONAL FACILITY
   - 115.13 removed doors on ice rooms – blind spot
   - 115.22 Ombudsman failed to forward a report
   - 115.34 Beatty was not properly trained and did SA invest
   - 115.42 Transgender Biannual review
   - 115.71 Foster investigation had to be reopened
   - 115.72 evidentiary standard
   - 115.86 Incident review

6. EDINBURGH CORRECTIONAL FACILITY
   - 115.67 Agency protection from retaliation
   - 115.71 Criminal and administrative agency investigations

7. PENDLETON JUVENILE CORRECTIONAL FACILITY
   - 115.313 staffing ratios not met
     - 115.321 student wasn’t sent for SANE
   - 115.367 retaliation monitoring ended early
   - 115.371 two investigations had to be reviewed or reopened.
   - 115.386 incident reviews had to be completed that were not done
4. Steps taken by the Agency to meet PREA standards.

The following are steps the Indiana Department of Correction took during 2021 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:

- A form was created to document the required bi-annual meeting with transgender offenders.
- An Agency PREA audit was completed
- Seven facilities completed a PREA audit
- Training was provided to all facility PREA Compliance Managers
- Sexual assault investigations training was provided by the Moss Group to IDOC investigators

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 Logansport Juvenile Correctional Facility (2019) and the La Porte Juvenile Correctional Facility (2020) were found to meet the required staffing ratios based on the results of PREA audits. The Pendleton Juvenile Correctional Facility was found to not meet the staffing ratios during a 2021 PREA audit. The continued need for compliance at Pendleton Juvenile CF is filling current vacancies and an increase in staffing to meet the staffing ratios required by standard 115.313.

6. Summary

In 2021, the Indiana Department of Correction continued to make improvements in policy and practice to meet the PREA standards. The Agency continues to improve video monitoring technology in several facilities. Seven facilities participated in a PREA audit in 2021, completing year 2 of audit cycle 3. Six received a final report with full compliance. Pendleton Juvenile Correctional Facility did not meet standard 115.13 (c) that requires a staff to student ratio of 1:8 during waking hours and 1:16 during sleeping hours. The IDOC will continue to monitor and evaluate its staffing at juvenile facilities to find a solution to meeting the standard.

Prepared by: Bryan Pearson, Director of PREA Compliance
Date: 4/16/22

Approved by: Robert E. Carter, Jr. Commissioner
Date: 7/18/2022