



STATE OF INDIANA
Department of Correction

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2015 Sexual Assault Prevention Program Annual Report

This 2015 Indiana Department of Correction report provides a summary of the sexual incident report data, 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 2015

Below is a summary of the sexual incident reports received from all facilities in the agency for 2015.

AGENCY TOTALS	Substantiated	Unsubstantiated	Unfounded	Ongoing Inv	Total	%
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	
% *	.1	.6	.2	.1	1.1	

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

Below is a summary of the sexual incident reports received from all facilities in the agency for 2014.

AGENCY TOTALS	Substantiated	Unsubstantiated	Unfounded	Ongoing Inv	Total	%
Inmate Sexual Harassment	6	17	7	0	30	.1
Abusive Sexual Contact	9	21	4	1	35	.1
Nonconsensual Sexual Act	1	13	6	2	22	.08
Staff Sexual Harassment	1	24	5	1	31	.1
Staff Sexual Misconduct	2	15	10	0	27	.1
Totals	19	90	32	4	145	
% **	.07	.3	.1	.01	.5	

**The percentage was based on the average daily population for 2014 of 28,058, excluding jail holds.

2. Comparison of 2015 SIR data with previous two years.

For 2015, the total number of reports has increased in all categories compared to 2014. However, staff sexual harassment had the highest increase (tripled) from last year. This may

have occurred due to improvements in the offender PREA education program and staff response.

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

2013 – 9 ISH, 10 ASC, 1 NCSA, 2 SSH, 10 SSM	32 total substantiated reports
2014 – 6 ISH, 9 ASC, 1 NCSA, 1 SSH, 2 SSM	19 total substantiated reports
2015 – 5 ISH, 6 ASC, 6 NCSA, 3 SSH, 8 SSM	28 total substantiated reports

The total number of substantiated reports is up slightly from 2014. There was an increase in 3 incident types, however no one facility saw a substantial increase that would require a corrective action plan.

3. Problems identified and corrective actions taken.

- Mock audits were conducted in 12 facilities during 2015 to identify where the facility or agency does not meet standards and create plans of correction. The following problems were identified and corrective actions developed:
- ISPD policy prevented HR staff from providing information on substantiated PREA investigations for former employees. A form was created called Release of PREA Information for former employees to sign releasing information. The Human Resources policy was revised with the new procedures to utilize this form.
- The Offender Grievance policy for adults and juveniles were revised to include Executive Directive 13-82 that provided the procedures for grievances regarding sexual abuse and emergency grievances.
- Reviews of incidents were not being documented as required in the standard. As a result a sexual abuse incident review form was created and distributed to the field to document incident reviews by the PREA Committee as required in the Sexual Abuse Prevention policy.
- Interviews with medical staff uncovered a lack of knowledge of standard 115.83/383. A “Duty to Report” notice was created to inform offenders/students of medical/mental health staff’s duty to report any disclosure of prior sexual abuse in a confinement facility to investigators.
- There was a need to replace INCASA with a statewide organization that could provide Victim Advocacy services to all facilities. A contract with the Indiana Coalition Against Domestic Violence was executed to provide victim advocacy services.
- It was found through mock audits that retaliation monitoring was not being documented at most facilities. A retaliation monitoring form was created and distributed with specific instructions for implementation.

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

The following steps were taken to continue to work toward meeting the PREA standards in 2015:

- Finalized an MOU with Michigan and California to conduct audits in 10 facilities by the end of 2015
- Created a Release of PREA information form for former employees and revised the IDOC HR policy with the new procedures
- Provided a Spanish translation of the offender PREA brochure

- Reviewed the ADP and provided changes that correct non-compliance with PREA Standards
- Provided revisions to the search and shakedown policy to correct non-compliance with PREA
- Provided a revision to the PREA section of the offender handbook
- Worked with CTI to update the search training to include the searches of Transgender offenders
- Conducted 12 facility mock audits
- Conducted a review at Liberty Hall to monitor for PREA Compliance
- Conducted Community Corrections Directors Training on PREA standards and audit preparation for two days at Ivy Tech in Columbus
- Created an incident review form and distributed to the field to document incident reviews required in current policy
- Created a “Duty to Report” notice for medical staff to ensure compliance with PREA standards
- Updated the master list of documents for PREA audits
- Executed a contract with the Indiana Coalition Against Domestic Violence to provide victim advocacy services replacing the Indiana Coalition Against Sexual Assault contract
- Madison Juvenile Correctional Facility was audited and certified as fully compliant
- The seventh staff member was sent to DOJ PREA auditor training to assist with MOU audits
- Held a PREA Compliance Manager’s meeting at IGCS 7/7/15
- Provided Spanish translations of the Ombudsman report posting and the ICADV posting through IVY Tech for no charge.
- The PREA Coordinator visited both GEO facilities to monitor for compliance.
- Began work on an RFP for contracted audits.
- Coordinated a meeting with stakeholders to discuss how to comply with the Youthful Offender standard in 4 facilities.
- Updated the SVAT questionnaire
- Created a retaliation monitoring form
- Facilities conducted SART training to replace staff on their SART.
- The agency created a position that reports to the Executive Director of Construction Services to evaluate and improve the video surveillance technology in all facilities.
- LGBTI training was provided by CJCA to staff from juvenile facilities through a zero tolerance BJA grant.

5. Continued Needs for Compliance

- **Juvenile Facilities Compliance Issues**

3 of the 4 juvenile facilities will not meet the staffing ratio required in standard 115.313 by October 1, 2017. These facilities will need to find creative ways to better utilize staff to supervise students and request additional staff to meet the ratio.

- **Adult Facilities Compliance Issues**

3 facilities are still not meeting standard 115.14 Youthful Offenders. Discussion has occurred regarding moving the youthful offenders to juvenile facilities, to include intake into the agency. This will make standard 115.14 not applicable to all adult facilities.

6. Summary

The agency continues to identify compliance issues through mock audits and make corrections in policy and procedures to meet standards. Additional policy changes have been made to ensure compliance with the standards. The number of PREA reports continues to increase. Only one facility was audited during 2015. Audits through the MOU with California were delayed due California not having certified auditors until late October. Audits have been scheduled for early February 2016. Once the RFP process is complete, the remaining facilities will be scheduled for an audit prior to 8/18/16, the end of the three year audit cycle.

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