



Inside Illinois Civil Commitment

Treatment Behind Razor Wire

A report of key findings from a 2019 survey of
the residents at Rushville Treatment and
Detention Facility, Illinois

2022

Content Warning

A Note Before Reading

Some of the stories in this report describe interpersonal and institutional violence, including physical violence, sexual violence, racism, transphobia, homophobia, and ableism.

We believe it's important to allow ourselves to feel the emotions that the stories in this report bring up for us. These emotions help us connect to our humanity and Rushville residents' humanity. At the same time, these emotions are challenging and not every moment or setting is a safe place to engage with these emotions.

We encourage readers to do whatever it is that they need to create an emotionally safe place to take in this heavy and potentially triggering content, even if that means taking a break and reading another time.

2022, Civil Commitment Working Group
Chicago and Rushville, Illinois
<https://insidecivcomil.com>

Suggested Citation: "Inside Illinois Civil Commitment: 'Treatment Behind Razor Wire,'" Civil Commitment Working Group Illinois, 2022.

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"This is double jeopardy, a prison under the scheme of treatment for sex offender[s]. If treatment works, why are they not releasing people like you should[?]"

People should know that we have all done our time in prison and that we are being held in another prison *indefinitely* under the term of treatment.

We are locked behind razor wire. And they are not releasing people like they should."

—Rushville survey respondent

"Rushville is a warehouse, not a treatment facility, not under the Sex Offender Management Board, and not recognized by the Psychiatric Association.

It is for all intents and purposes a prison and not a medical facility.

It offers no reconciliation with family, friends, or persons who have been victimized."

—Rushville survey respondent

Introduction

Key Findings and Recommendations

Key Findings

This report is a summary of the responses that people incarcerated at Rushville Treatment and Detention Facility shared in a 2019 survey. It highlights the concerns, safety risks, and abuses that people who are locked up in Rushville shared with us and connects these self-reports with supporting data collected by professionals who study civil commitment.

Rushville residents were clear about the following:

1. Civil commitment at Rushville Treatment and Detention Facility is punishment, not treatment.
2. Civil commitment at Rushville disproportionately harms people from marginalized groups, particularly LGBTQ+, Black, multiracial, and Indigenous people.
3. Rushville is a violent place with poor living conditions.
4. Civil commitment at Rushville is a life sentence.

Our Recommendations

United by our opposition to sexual violence and our commitment to building a world where no one experiences sexual harm, we do not believe it is possible to build that world so long as civil commitment continues to exist. We know that ending sexual harm and closing Rushville will not happen overnight. To that end, we have provided both immediate and long-term proposals directly informed by feedback from people detained at Rushville.

End civil commitment

- Reallocate resources that are earmarked for expanding Rushville's capacity or bolstering its punitive and surveilling practices.
- Make Rushville voluntary.

Less people in

- Provide education about civil commitment for people serving criminal sentences.
- Eliminate the STATIC 99R.
- Invest in voluntary, community-based treatment options.

More people out

- Release people at higher rates.
- Create transparent and accessible pathways for accessing conditional release.
- Instate therapist-patient confidentiality.

- Invest in voluntary community-based treatment options.

Help those inside now

- Allow external monitors to survey the facility.
- Expand access to the outside world.
- Reallocate resources to offer more one-on-one, confidential therapy.

What people on the outside can do right now

- Send in care packages of food, gender affirming products, toiletries, and other necessities.
- Educate yourself and others about civil commitment.
- Challenge stigma surrounding people who have caused sexual harm.
- Support or launch transformative justice initiatives in your community.

About Rushville Treatment and Detention Facility

What is Rushville Treatment and Detention Facility? What is civil commitment?

Rushville Treatment and Detention Facility, or just “Rushville,” is one of two civil commitment facilities in the state of Illinois. As of May 2022, Rushville detains 520 people, over 8% of the U.S.’s civilly committed population.

Many people are sent to civil commitment after they have already served their criminal sentence in a prison. Over 6,300 people in the US receive “treatment” at a civil commitment facility. While being incarcerated in a jail or prison is a criminal sentence made by the criminal courts, being detained in a civil commitment facility is a civil sentence made by the civil courts.

To get released, individuals must progress through several phases of treatment for mental illness and rounds of behavioral evaluation. This process often takes decades and has no clear end date. Detention at Rushville is remarkably costly to taxpayers and the state. In the most recent data available, the typical annual cost of incarcerating a person was \$34,362 in the Illinois Department of Corrections (IDOC) compared to \$45,366 at Rushville.

Who goes to Rushville? Why?

Near the end of their sentence, some people who are detained in IDOC are subjected to a battery of psychological exams that are used to determine if they are “sexually violent persons” (SVPs). According to psychological and risk assessment exams, SVPs have a “mental disorder” that increases their likelihood to reoffend post-release. In the last weeks of their criminal detention in IDOC, those who are deemed high risk are transferred to solitary confinement and informed that they will not be released as sentenced. Instead,

they are transferred to Rushville and held pre-trial until civil courts determine if they should be mandated to indefinite detention and treatment at Rushville.

This information comes as a shock to many, as it is not mentioned during any criminal court proceedings. One mother of a person who is detained at Rushville told us that she had already purchased a new home that met all the registry requirements in Illinois so that her son could move back home to live with her. Then, six weeks before he was supposed to move into their new home, she was devastated to discover that he'd be detained indefinitely.

Though a handful of people voluntarily commit themselves to Rushville, most people at Rushville have been convicted of causing serious harm. This often includes rape, child sexual abuse, and child pornography charges. While the charge names usually don't tell us much about the kind of harm that has happened, we know that many people at Rushville have perpetrated sexual violence. Our report doesn't aim to erase or minimize the harm caused or the importance of taking accountability for this harm. Instead, we argue that not only does civil commitment fail to prevent sexual violence, but also, that its existence is a form of sexual violence itself. If our goal is to work towards a world free from sexual violence, civil commitment pushes us away from that goal.

What happens at Rushville?

Once a person arrives at Rushville, they are held in segregation (AKA solitary confinement) for several days before they join a unit with other residents because of the heightened risk of suicide after discovering their indefinite detainment. After being transferred to general population, they have the option to attend group therapy as their main form of treatment. Some see a psychiatrist every 90 days to monitor psychotropic medications. Though receiving treatment is technically voluntary, people at Rushville are not allowed to be released unless they finish their treatment, making this a coercive practice where they must receive treatment or stay in Rushville for life.

However, residents at Rushville find it impossible to be released even when agreeing to and spending years in treatment. Further, treatment at Rushville relies on outdated and cruel practices that are under-researched or unsupported by research. Treatment is often provided by inexperienced graduate students who leave the facility as soon as they finish their residency. Residents get shuffled between providers due to the high turnover of therapists. These practices make it incredibly difficult to move forward in treatment and get released.

About this report

Who wrote this report? Why?

A group of volunteers who met through the Chicago chapter of the non-profit organization Black and Pink wrote this report between 2019 and 2022, but the work started back in 2013. At that time, volunteers built penpal relationships with people who were detained in

Rushville and became alarmed by the stories Rushville residents were sharing: residents were dying at abnormally high rates and being denied proper medical treatment. Concerned and curious to learn more, we formed a civil commitment working group, wrote up a 50-question survey, and mailed it to all 576 people who were locked up at Rushville in the spring of 2019.

204 people returned this survey to us. After receiving the surveys, we followed up with the 70 Black and Pink members inside Rushville to gain more information. We received responses to 20 follow-up questionnaires and conducted seven phone interviews, each of which helped guide us chart the path toward producing this report. This report is a summary of what people at Rushville said in the 2019 survey and feedback we've received from people inside Rushville and their loved ones in the free world since then.

In 2022, we left Black and Pink to form an autonomous group of researcher-activists who are fighting for liberation for civilly committed people in Illinois, guided by the principles of abolition and transformative justice.

Who made this report possible?

This survey project and report were created by dozens of volunteers and community members who received no payment for working on this project and several interns who were paid by or received academic credit from their university. The Families and Friends for Freedom collective, a community of loved ones of people inside Rushville, were immensely supportive and provided crucial feedback that informed the survey and this report.

In addition to all the data shared in this report, survey respondents provided us with dozens of pages of handwritten testimony. We developed a publicly accessible digital archive to preserve and share these materials. Details about how to access this archive are included at the end of this report.

Several notes about our findings and terminology

The findings below are based on the survey responses from 204 Rushville residents. When you see the term "respondents" in this report, that means we are talking about people who responded to the survey.

People who are locked up at Rushville are referred to as "residents" by Rushville staff and by each other. We use this language throughout because we want to mirror the language that respondents use to describe themselves. That said, we know that the vast majority of people are held at Rushville against their will, so we want to clarify that by using the term "residents" we do not intend to erase the reality that they are residing at Rushville involuntarily.

Similarly, Rushville is officially called a "Treatment and Detention Facility," not a jail or prison and Rushville residents are "committed," not "incarcerated." We alternate between using the terms "facility" and "prison" and the phrases "committed," "incarcerated," "detained," and "locked up" because we want to reflect the language that people inside used in their survey

responses. Once again, we recognize that people at Rushville are held against their will. Very few voluntarily commit themselves to the program, and those who do are not given the freedom to retract their consent.

This survey was administered in spring of 2019, meaning that the responses shared here are approximately three and a half years old at the time of publication. In that time, we have experienced the continued development of the #MeToo movement against sexual violence, uprisings for racial justice and carceral reform/abolition in the wake of George Floyd and Breonna Taylors' murders, and the COVID-19 pandemic. The U.S. is in a different moment culturally and the world is permanently altered by the pandemic. During this time, there have been shifts at Rushville, as well. All prisons have become dangerous in another unique way as a result of the pandemic.

At Rushville, many residents reported that conditions worsened as a result of the pandemic. Anecdotally we heard that staff were inconsistent about wearing masks. Frequent quarantines were enforced which confined residents to their rooms, prevented them from accessing group therapy, and made them miss court dates. Visits were halted and loved ones reported that it was hard to get updated information about the status of the visitation program. One family drove five hours to reach the facility just to be turned away at the gate. Respondents and family members of people inside were dissatisfied with the facility's response to the pandemic and saw the public health measures practiced inside the facility as insufficient.

Over the last several years, lawsuits against Aramark (Rushville's food vendor) and Rushville brought about incremental improvements in living conditions. In 2021, a new director took over Rushville. So far residents and family members alike report that this new administration feels like a positive change; that the new director is more responsive to residents' and family members' concerns; and that his approach is more therapeutic. We've seen an uptick in release rates, too. We celebrate these small improvements as we maintain that involuntary treatment can never authentically be therapeutic because healing must be consensual.

Key Finding #1

Civil commitment at Rushville Treatment and Detention Facility is punishment, not treatment.

"Civil commitment is nothing more than continuance of incarceration."

—Rushville survey respondent

Rushville uses solitary confinement to detain residents.

More than half of the survey respondents (67%) reported being sent to solitary confinement, also known as segregation. An abundance of data from a variety of sources show that solitary confinement poses serious mental and physical health risks, and thus it cannot be healing (Wolcke, 2022). Survey respondents also reported the use of other punitive measures like handcuffs, the restricted use of locked facilities such as showers, and the removal of personal property as punishment.¹

Treatment is not helpful.

Survey respondents said they received a variety of treatments at Rushville, but most respondents did not think these treatments had been helpful. Their reports are supported by experts: for more than 20 years the American Psychiatric Association has objected to civil commitment laws, calling them a “serious assault on the integrity of psychiatry” (Schwartz, 2000).

¹ Note about our graphics: In some cases, you might notice that the percentages we discuss in this report look a little different from the diagrams that you see (the ones with the stick figures). For instance, maybe a diagram will show that 2 out of 4 people gave a certain response on our survey, but in the text you can see that the exact percentage of people who gave that response was actually 45% (which is not quite the same as 2 out of 4 people). This is because we rounded the percentages to try to make our diagrams as understandable as possible, and we noticed that showing exact percentages by only shading part of a person made them look a little confusing.

More than 2 out of 3 respondents (69%) said that they received individual therapy, and nearly 2 out of 3 respondents (62%) reported that they received group therapy.

Most of these respondents said these types of therapy had not been helpful for them or their release. This was partly because the respondents voiced numerous concerns about the therapists at Rushville, including that they were judgmental, unsympathetic, and had high turnover.

Rushville uses a tier system to measure treatment progress. If a resident shows improvement according to therapists and evaluators, they move up to a higher tier level. More than 3 out of 4 respondents (78%) said the tier system at Rushville was not fair at all. They felt people at Rushville were assigned to tiers randomly or for unclear reasons.

Many respondents reported that being civilly committed was a life-long sentence. Respondents also strongly expressed that being civilly committed wasn't helping anyone—not themselves, and not the communities they came from.

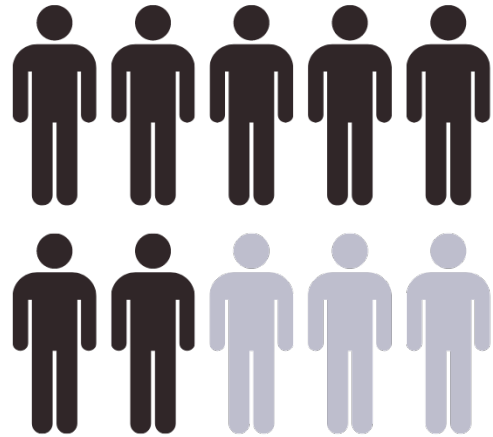
Rushville uses ineffective and harmful practices to detain people.

Rushville uses the following tools (see Ineffective Practices table, next page) to assess each resident's risk of reoffending, prevent re-offense, and track "treatment" progress. All these tools are controversial. Risk assessment materials are tools that are used to predict the likelihood that an individual will act in a certain way (namely, reoffending). They're based off predictive algorithms and past criminology studies.

But research does not show that these tools work (Hoppe, Meyer, De Orio, Vogler, & Armstrong, 2020). None of these tools (or risk assessment tools in general) support Rushville residents' healing, treatment, or progress, and

67%

have been sent to solitary confinement



“No component of the therapy is used exclusively for the treatment of sex offenders. This is NOT a mental health facility, it is a [...] holding facility designed to [take] as much time - and as much life - of the inmates as possible.”

—Rushville survey respondent

thus, none of these tools make communities safer. The data gathered from these tools often end up harming residents' chances at release in court. No equation can predict a given individual's behavior, and data about the past behavior of a group of people cannot predict the future behavior of any specific individual.

"Part of the facility's so-called 'mission statement' is to provide 'state of the art' and 'sex-offender specific' treatment, but the course of treatment offered has been proved outdated[.]"

—Rushville survey respondent

Regulation and Evaluation Tools at Rushville

Rushville uses the following tools to measure treatment progress and control residents' behavior. Many of these measures rely on risk assessment data, or data that draws correlation between an individuals' characteristics and their behavior. Behavioral risk assessment measures rely on the false pretense that human behavior can be predicted. These tools raise a host of ethical red flags, as they use generalized statistics to make decisions about individuals' freedoms. Instead of imposing retroactive consequences for individuals' historic behaviors, risk assessment tools justify punishing individuals for their "risk" of committing behaviors that have not already occurred. These tools are punitive, not rehabilitative.

Residents at Rushville have criticized the following tools. They have reported that the use of the penile plethysmograph is humiliating and that the images and sounds shown to them during the exam is disturbing. Residents also report that the use of a polygraph creates a culture of distrust that is a barrier to cultivating a healing treatment environment. When residents raise such concerns, question the accuracy of these measures, and refuse to take polygraph tests or PPG exams, they are punished further.²

STATIC-99R	
What is it?	The STATIC-99R is a ten-question diagnostic survey about an individual's personal and criminal history. The rationale for the test's algorithm and weighting is not revealed by the test's creators. Except for those who committed themselves, all residents are examined using the STATIC-99R.
What is it used for?	The STATIC-99R is used along with several psychological evaluations to determine the likelihood that someone will reoffend, which informs decisions about whether or not someone will be civilly committed.
Critiques	The questions on the STATIC-99R exam discriminate against people who have had "any male victims" and those who have not lived with a romantic partner. In addition to normalizing violence against women, this results in queer people and younger people being ranked as higher risk.

² Even if diagnostic tests do not influence the initial commitment hearing, polygraphs and PPGs will ultimately become important in determining an offender's progression through treatment, risk level, and potential for release (Vogler, 2021, p. 126).

Studies of the STATIC-99R's accuracy rate are highly variable, at best it's only found to be about 70% accurate (Barbaree, Seto, Seto, Langton, & Peacock, 2001). The test rarely produces outcomes that qualify someone to be civilly committed and can allow for bias to be disguised as objective calculations in legal proceedings (Vogler, 2021, p. 126).

Penile Plethysmograph (PPG)

What is it? A penile plethysmograph device is attached to the individual's penis while they are shown sexually suggestive content. The device measures blood flow to the area, which is considered an indicator of arousal. 11 survey respondents reported experiencing a penile plethysmograph.

What is it used for? The PPG is used to determine a resident's treatment progress and assess risk of reoffending.

Critiques Critics debate both the efficacy and morality of the PPG. Further, the guidelines for administration of the PPG are vague and variable between facilities (Blumberg, 2018).

Chemical Castration

What is it? Chemical castration is when an individual is prescribed drugs to alter their hormonal chemistry. At Rushville, chemical castration includes administering anti-androgens such as Leuprolide and Eligard as well as Estrogen (Estradiol). 25 survey respondents reported experiencing chemical castration.

What is it used for? To limit arousal and sexual functioning (such as preventing erections).

Critiques The hormonal therapy used for chemical castration can have major side effects that impact both physical and mental health such as bone density loss, infertility, and depression (Lee & Cho, 2003). The ethics of chemical castration are highly contested, and many critics question the legality of allowing the state to alter a person's body (Scott & Holmberg, 2003).

Polygraph

What is it? Sometimes referred to as a "lie detector test," a polygraph test measures bodily responses while an individual is asked a series of questions. 116 survey respondents reported experiencing a polygraph.

What is it used for? To determine a resident's treatment progress and assess risk of reoffending.

Critiques Studies of polygraph tests accuracy rates are highly variable (Grubin, 2010). Polygraphs are considered to be so unreliable that they are inadmissible in Illinois courts.

Key Finding #2

Civil commitment at Rushville disproportionately harms people from marginalized groups.

Racial Demographics at Rushville



■ 52% white ■ 31% Black

■ 14% more than one race, Hispanic or Latino, or Native American*

Black and Indigenous people are overrepresented at Rushville.

A little more than half of respondents (52%) said they were white. Nearly 1 out of 3 respondents (31%) were Black/African-American, nearly 1 in 10 (9%) reported more than one race, 3% were Hispanic/Latino, and 2% were Native American.³

LGBTQ+ people are overrepresented at Rushville. Slightly more than half of respondents said they were heterosexual or straight (54%). Over 1 in 4 respondents (26%) were bisexual, and 11% were gay or lesbian. The Rushville population is disproportionately LGBTQ+: in the Illinois general

Racial Overrepresentation at Rushville

	Black	Native American
Rushville Survey	31%	2%
IL General Population	14%	0.7%

³ The percentages shown in this graphic do not add up to 100% because 3% of respondents identified as another race that's not listed here or did not report their race.

LGBTQ+ Overrepresentation at Rushville

	Gay or Lesbian	Bisexual	Transgender	Two Spirit
Rushville Survey	11%	26%	3%	1%
IL General Population	2%	2%	0.5%	unknown

population, 2% of people report that they are bisexual, and 2% report that they are gay or lesbian (The Williams Institute, 2019).⁴

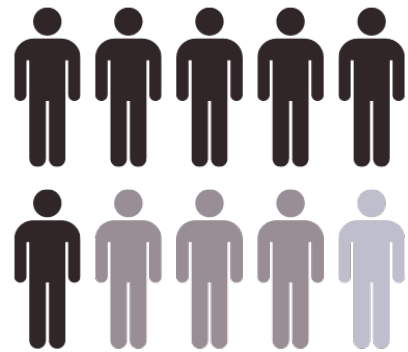
Most respondents (95%) said that they were not transgender. 3% of respondents described themselves as transgender women. This is six times more than in Illinois generally, where 0.5% of the general population is transgender (Flores, Herman, Gates, & Brown, 2016, p. 3).

Disabled people are overrepresented at Rushville.

We have ample anecdotal evidence that disabled people are overrepresented at Rushville, face unique hurdles when advocating for themselves in court and with staff, and are not receiving adequate care. We attempted to gather quantitative data that shows how disabled people are overrepresented, but errors in our survey design make drawing a clear quantitative conclusion difficult.

Many respondents at Rushville reported that they did not have a disability but that they did receive care for a disability. Since we'd consider someone who receives care for a disability to be disabled, this shows us that we did not provide respondents with a clear definition of disability.

LGBTQ+ Demographics at Rushville



- 54% straight
- 26% bisexual
- 11% gay or lesbian

⁴ The percentages here do not add up to 100% because 9% of Rushville survey respondents listed one of the following sexuality: pansexual, queer, same-gender loving, Two Spirit, asexual/grey-asexual, or other/self-described.

Disability, Mental Illness, and Low Education Overrepresentation at Rushville

	Disabled	Mental Illness	High School Degree or Less
Rushville Survey	26%	68%	48%
IL General Population	21%	4%	41%

We also received feedback that the survey itself was not accessible to many cognitively disabled people inside Rushville which means that their perspectives are underrepresented in these responses.

Nevertheless, our quantitative data still shows that people in Rushville are disproportionately likely to have a physical or mental disability. 26% of respondents at Rushville said they had some form of disability, compared to 21% of adults in Illinois (Illinois Department of Public Health, 2014, p. 8).⁵ Survey respondents reported needing assistance in forms such as mobility aids, psychiatric medication, diabetes treatment, physical therapy, pain management, dialysis, and learning aids.

If we count mental illness as a disability, the discrepancy widens, with 68% of Rushville respondents stating they were diagnosed with a mental illness compared to just 4% in Illinois diagnosed with a "serious mental condition" (Substance Abuse and Mental Health Services Administration, 2015, p. 10). Survey respondents reported being diagnosed by a clinician with conditions such as depression, anxiety, PTSD, and paraphilic disorders. Though 32% did not report a mental illness, according to Illinois law, a mental illness diagnosis is a required condition for civil commitment, meaning everyone at Rushville is considered by the state to have mental illness, even if they did not self-report this in the survey.

People with a high school degree or less are slightly overrepresented at Rushville.

⁵ Statistically comparing the overrepresentation of disabled people within Rushville to the general population is difficult because definitions of disability vary widely study by study in the field. Because we did not define disability when asking Rushville residents if they are disabled, we are not able to compare our data to a study that used the same definition of disability as us (since we didn't use one at all). The study on prevalence of disability in Illinois that is cited here defined disability as either or both having an activity limitation due to physical, mental, and/or emotional problems or using a mobility-related aid.

About half of the respondents at Rushville (48%) had a high school degree or less education compared to 41% of Illinois residents (U.S. Census Bureau, 2020). Respondents reported that the treatment program is not accessible to many people inside. One respondent wrote, "Many if not most inmates are learning disabled and will never go home. Not because they are actually dangerous but because they lack the ability to complete the written work required in treatment." This suggests that the "treatments" that Rushville offers are not useful to a large portion of residents, which means that in practice residents are given a life sentence since they are unable to complete the necessary work to advance toward release.

Why are people from marginalized groups overrepresented at Rushville?

Recent data from The Williams Institute argues that the "heightened rate of policing and incarceration of Black Americans and the stigmatization of Black sexuality" is one potential reason that Black people are civilly committed at disproportionate rates (Hoppe, Meyer, De Orio, Vogler, & Armstrong, 2020, p. 13).

The Williams Institute report also suggests that the overrepresentation of queer people in civil commitment is related to the STATIC-99R risk assessment tool that determines if people with sex offenses in Illinois will be marked "sexually violent persons" and sent to Rushville. Those who perpetrated an assault against someone of the same sex are deemed higher risk, which means that gay/bisexual men and men who have sex with men are overly criminalized.

Key Finding #3

Rushville is a violent place with poor living conditions.

Survey respondents experienced violence or discrimination from staff members or other Rushville residents.

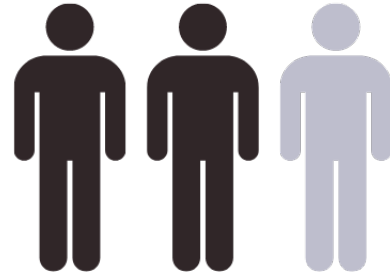
More than 3 out of 4 respondents (76%) had experienced discrimination from prison staff. 26% of respondents reported that they had been physically harmed by staff and 8% said that they had been sexually harmed by staff.

Nearly 2 out of 3 respondents (65%) said Rushville staff had purposely put them in places where they could be hurt by other residents.

Nearly 3 out of 4 (74%) respondents had experienced discrimination from other residents. Most respondents (87%) said they had experienced verbal harassment from other residents, and many also said they had been physically assaulted by other residents.

Many survey respondents shared stories of times that staff were homophobic or transphobic (discriminatory towards LGBTQ+ people).

Residents sent us testimonials detailing their experiences with homophobia and transphobia. We asked permission from these residents to share their testimonials publicly through our digital archive. On the next page, a document from the archive describes a resident's experience with transphobic harassment.



2 out of 3

said Rushville staff put them in places where they could be harmed by other residents



3 out of 4

experienced discrimination from staff

Letter from Samantha detailing transphobia

Steven
STA#2 -V- Mr O

Complaint

ON THE ABOVE DATE AND TIME OF AUGUST 10, 2020
 TIME 10:15AM AND 11:45AM I RESIDENT STEVEN
 WAS LEAVING D#3 UNITE TO GO TO TREATMENT AND I
 RESIDENT STEVEN WEARING HER TRANSGENDER CLOTHING
 AND I RESIDENT STEVEN WHO IS AN OPENLY TRANSGENDER
 HEAR AT TDF RUSHVILLE WAS STOP IN THE HALLWAY BY
 THIS STA#2 MR O. WHO TOLD ME THAT I CAN'T WEAR MY
 TRANSGENDER CLOTHING TO MY TREATMENT GROUP WHICH
 WAS A LONG PINK SHIRT AND PINK KOUKATS OR ANY CLOTHING
 TO TREATMENT GROUP AND WHEN I RESIDENT STEVEN
 CAME BACK FROM TREATMENT GROUP AT 11:45AM THIS
 SAME STA#2 MR O. STOP ME AGAIN GOING TO D-3 UNITE
 IN THE HALLWAY AND TOLD I RESIDENT STEVEN TO RAAS
 UP T-SHIRT LOOK AT WHAT I UNDER AND AT THIS
 TIME I DON'T KNOW IF THIS STA#2 MR O. WAS
 LOOKING AT MY BACK SIDE OR WANT ME TO TAKE OFF MY
 NOTHING SO I WAS VERY AFRAID SO I DID WHAT
 HE SAID AND ALSO TOLD ME I HAD A NICE BACK SIDE
 AND NICE TITS AND TOLD ME IF I WEAR MY
 WOMAN CLOTHING AGAIN HE WILL COME AND TAKE ALL
 MY STUFF OUT MY ROOM AND HE WILL GIVE ME
 ALL BOY CLOTHING AND EVERY TIME THIS STA#2 MR O.
 WORK D-UNITE HE ALL DAY COME IN MY ROOM TALKING SEXUAL TO
 ME AND TAKE STUFF FROM MY ROOM AND EVERY TIME I
 RESIDENT STEVEN IS BEEN HARASS BY THIS STA#2 MR-
 O. DAY IN AND DAY AND ALWAYS BEING TREATIC -
 INDIFFERENCE AND BEING DISCRIMINATION AGAINST
 BY THIS STA#2 MR O. DAY IN AND DAY OUT

Above: A letter sent to us details the transphobia a resident experienced regarding her body and form of dress (Samantha, 2020).

Survey respondents reported receiving poor quality and insufficient healthcare.

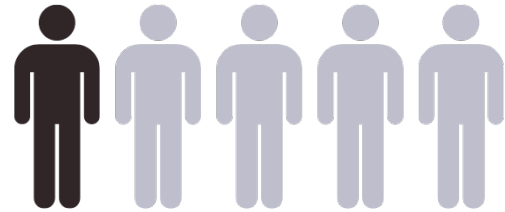
Third-party healthcare providers, including Wexford Health, have been under fire for mistreatment and neglect in recent years. Residents have criticized facility staff for insisting on using handcuffs, including “black box” handcuffs that can cause permanent wrist damage,⁶ on residents who are brought to hospitals. Insufficient medical care is an urgent issue at Rushville, especially given the long-term nature of detainment and the aging population.

In 2018, Rushville began releasing residents whose diagnoses were confirmed to be incurable and terminal. Many residents’ infections or diseases may not have become terminal if Rushville listened to resident concerns and provided prompt and preventative medical attention when their concerns were first raised.

For example, a resident who was diagnosed with terminal liver cancer was released in early 2019. During his time in the free world, he was hospitalized and received palliative care. He shared with us that he began seeking treatment for abdominal pain and early symptoms of liver cancer several years before he ever received any medical attention or screening. He died in the fall of 2019 at the age of 59. His death, and many others, were preventable.

Overall, Rushville is not a safe or healing place.

Though Rushville was built with the stated purpose of providing treatment, it often causes or exacerbates harm. Residents are physically and emotionally unsafe, subjected to discrimination, physical or sexual violence, and medical neglect. Inadequate nutrition and health services cause new health issues or exacerbate preexisting health issues. These violent conditions bring about more violence, not healing or “treatment.”



1 out of 5

said they had been sexually assaulted by other residents

“People are dying. The medical care is not trying to save them. They leave them on the unit when they should be in the hospital. So much death here, more than I've seen in my entire life.”

—Rushville survey respondent

⁶ “Black box” handcuffs are handcuffs that have a plastic shield over the keyhole, preventing tampering and further hindering mobility.

Key Finding #4

Rushville is a life sentence.

Between 2006 and 2020, more people at Rushville died than were discharged.

According to a response to the Freedom of Information Act request that *In These Times* reporter Sarah Lazare made in the summer of 2020, 76 people died in custody at Rushville since the facility opened in 2006. During the same period only 30 people were discharged from the facility (Lazare, 2020).

People at Rushville have been there, on average, for nearly a decade and counting.

At the time of the survey, the length of residents' detention at Rushville ranged from 6 months to 21 years, and the average amount of time people had been at Rushville so far was 9 and ½ years. Indefinite detention with infrequent releases has led many residents to feel that they have received a death sentence.

Many people at Rushville wait years before receiving a civil commitment hearing.

Nearly 2 out of 3 respondents (63%) had been civilly committed officially through a hearing. 4% had civilly committed themselves. Another 1 out of 3 of respondents (33%) were still awaiting their hearing, meaning they were detained without having been sentenced.



On average, respondents had been at Rushville for 9½ years and counting.

"This is a life sentence after the completion of a criminal sentence. We are treated worse [than] prisoners. This is a sentence of Death by incarceration. Not a revolving Door program."

—Rushville survey respondent

Recommendations

Ending civil commitment

The primary authors of this report came to this work because of their own personal experiences of sexualized harm. Not everyone involved with this project has been sexually assaulted, nor has every person inside. But sexual violence does occur in civil commitment, and Rushville’s practices exacerbate our culture of sexual harm through forced treatment, recounting traumatic experiences, forced confinement, and experiencing the lack of bodily autonomy that comes with all forms of detention. We see similarities in our experiences and stand against Rushville’s practices, declaring that none of us can be free of sexual harm until we are all free of sexual harm.

United by our opposition to sexual violence and our commitment to building a world where no one experiences sexual harm, we do not believe it is possible to build that world so long as civil commitment continues to exist. Instead of investing in punitive and carceral systems, we strive for a world where bodily autonomy, free and culturally relevant therapeutic practices, transformative accountability practices, and consensual and pleasurable sex are abundant.

We know that ending sexual harm and closing Rushville will not happen overnight. We understand that this work must be done step by step. To that end, we’ve proposed steps toward abolition below, which are directly informed by feedback from people detained at Rushville.

End civil commitment	
Start by shrinking it	Reallocate resources that are earmarked for expanding Rushville’s capacity or bolstering its punitive and surveilling practices.
Make Rushville voluntary	Make Rushville voluntary, giving people the autonomy to choose healing when they are ready and able to put in the work. We know that there are people inside who want treatment. We do not believe that treatment can happen without their consent.
Less People In	
Provide education about civil commitment for people serving	Provide education about civil commitment for people serving criminal sentences before they are released. Educating people who are incarcerated can prevent them from self-committing and help them advocate for alternative recovery supports that are located in their communities of origin.

criminal sentences

Eliminate the STATIC 99R

Risk assessment evaluations disproportionately impact LGBTQ+ communities, especially individuals who were accused at a young age. Removing this assessment process helps to address the disproportionate impact of civil commitment on LGBTQ+ communities.

Invest in voluntary, community-based treatment options

Providing more pathways for people to access healing and accountability in their communities of origin helps people disrupt cyclical patterns of trauma that exacerbate their risk of causing sexual harm.

More people out

Release people at higher rates

Voluntarily relocating people to facilities that may serve their specific needs such as adult and elderly care facilities and voluntary psychiatric hospitals can address the needs of residents while providing them with individualized care and shrinking the population of Rushville.

Make conditional release more accessible

Create transparent and accessible pathways for accessing conditional release. Rushville residents deserve to have clear objectives that they can work toward in their treatment process.

Instate therapist-patient confidentiality

People inside civil commitment facilities should be entitled to the same privacy protections as any other therapeutic client. The fear that things they've shared in therapy will arise during their court proceedings is a barrier to authentic treatment. No Rushville resident should fear self-incrimination when trying to meaningfully engage with treatment or access help.

Invest in voluntary community-based treatment options

Creating more pathways toward healing and accountability in communities of origin allows Rushville residents to make stronger cases for their own release via mandatory supervised release or clemency.

Help those inside now

Allow external monitors to survey the facility

Rushville must be subject to the same oversight and accountability that is required of IDOC by independent evaluators such as the John Howard Association.

Expand access to the outside world

Expand access to the outside world by allowing greater access to physical and digital media will strengthen connections between residents and the outside world and prepare residents for reentry.

Offer more one-on-one, confidential therapy

People inside report that there are limitations to the benefits gained from group therapy and that they would like more spaces where they can speak freely and privately. Expanding one on-one therapy, provided that residents are allowed therapist-patient confidentiality, will increase support offerings inside.

Immediate actions by people on the outside

Send in care packages

Send in care packages that contain food, gender affirming products, toiletries, and cooking supplies.

Educate yourself and others

Educate yourself and others about civil commitment, the societal and interpersonal causes of sexual harm, sex offender registry/legislation, and misconceptions about the impact of the criminal-legal system on survivors.

Challenge stigma

Challenge stigma that shames people who have caused sexual harm or denies their ability to grow and change.

Support transformative justice initiatives

Support or launch transformative justice initiatives in your community.

Conclusion

Rushville Treatment and Detention Facility must close.

Change is long overdue. As these survey findings make clear, civil commitment is MESSED UP! People inside Rushville are experiencing violence, trauma, and danger. No one should have to experience the terror and dehumanization that people at Rushville endure every day. No one should be punished. No one should be detained or forced to live in a place they do not want to live with people they have not agreed to live with. We believe in the abolition of all prisons, including civil commitment.

People inside Rushville have been saying the same thing for years in letters to their friends, in lawsuits, on phone calls with their families: Rushville does not make us safer. The people who are detained at Rushville are not safe, and we are not safer because they are detained there. Rushville does not "cure" people, it cannot prevent harms that have not occurred, it cannot heal trauma or harm. While anecdotal reports do reflect incremental improvements to conditions after recent leadership changes at Rushville, the fact remains that Rushville is not a treatment center, it is a prison full of people who are serving de facto life sentences. Many people inside want to grow and change, and they want to do that work at home, in their communities.

Rushville residents must continue to grow, heal, and take accountability for the harm that they have caused.

We do not defend or condone the serious harms that led to people's detainment at Rushville. We believe that everyone at Rushville must face the consequences of the harm that they've caused and work to rectify it.

At the same time, we know that accountability is only possible when all parties consent to the process. People cannot be accountable for the harm that they've caused or heal from the harm that they've experienced without their consent. We know that many Rushville residents are victims of abuse themselves. Forcing people to receive treatment that they do not want to receive is ineffective and cruel; especially when "receiving treatment" means reliving their own trauma through retelling it to a revolving door of therapists or experiencing emotional, physical, or sexual violence from staff or residents.

Transformative justice is the way forward.

We believe in principles of transformative justice:

Harmful actions should be met with consensual accountability and healing.

No one should be thrown away.

Anyone can grow or change.

Consequences are an inevitable outcome of our actions, but punishment is cruel and unnecessary.

People cannot practice accountability or heal if they do not have agency over their bodies, spaces, and time. We believe that civil commitment makes transformative justice impossible because it removes people from the communities and relationships where real healing and accountability can happen. Rushville residents must address the consequences of the harm that they caused, but this kind of transformation cannot take place in a place like Rushville.

The work goes on.

We work to see the end of civil commitment and the growth of true systems of transformative justice. We hope to spread this report widely, continue educating the public about civil commitment and the unique experience of sex offenders in our criminal/civil punishment systems, and fight for reforms that will work towards the abolition of all forms of incarceration.

Our Projects

Community-based, participatory action research

In addition to learning and sharing more from the people at Rushville, we continue to conduct community-based, participatory action research at the Big Muddy Correctional Center, another civil commitment facility in Illinois.

Publicly accessible archive

We continue to amplify the voices of people detained in civil commitment through a public digital archive of the stories and documents that people inside have generously given us permission to share.

Educational materials

We are developing a publicly accessible resource to help others learn about and teach about civil commitment and abolition. These materials will be publicly accessible on our website.

If you want to follow along with our work and view the civil commitment archive, visit our website at InsideCivComIL.com. We will continue sending updates to our incarcerated family via snail mail.

Acknowledgements

This report would not have been possible without the generosity and vulnerability of Rushville residents. These individuals shared their time, hearts, and words with us. We could not be more grateful for their bravery. This survey and report were created by a scrappy and evolving team of dozens of unpaid volunteers (and a few interns) over the course of seven years. We are thankful for each contributor's thoughtfulness, creativity, and passion, especially Maria Rebecca Valeriano-Flores, and Emma Peyton Williams, who were the primary authors on this report.

The production of this survey (including printing and mailing many drafts, paying respondents, creating our digital archive, and orchestrating events where people helped us with the survey and learned about the findings of the report) was supported by the Calamus Foundation, Illinois Humanities, the People's Law Office, Uptown People's Law Center, and the National Lawyers Guild of Chicago. Also, this project's digital archive, website, and research was developed through collaboration with graduate programs at the University of Chicago and University of Washington Information School. We are grateful to Maya Simkin, Emily Parrish, Brianna Suslovic, aurelius francisco, Lee Jasperse, Cameron Day, La Suarez, and Lauren Shade for all the work that they put into this project.

Finally, we are thankful for the beautiful graphic design magic that Gabriela Garcia Greco used to help format previous drafts of this report, and the wisdom of the folks at Research Action Design: a beautiful collection of comrades who use research to fuel social change. Thanks for helping us try to do the same.

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