

Exhibition Introduction

Civil commitment involves indefinite prison-like confinement beyond a person's criminal sentence. Legally, the state justifies this otherwise unconstitutional practice by asserting civilly committed individuals have mental disorders which predispose them to engage in sexual violence. The state argues that these individuals are likely to recommit a sexually violent crime. The state further argues that civil commitment provides evidence-based psychiatric treatment for this illness. The state maintains that civil commitment is therapeutic in nature to avoid legal challenges that it is unconstitutional preventive detention.

Liberty Healthcare Corporation, which runs treatment for civilly committed individuals at Rushville, asserts that it offers evidence-based care with a goal of rehabilitation, release, and community integration. However, Rushville has a 6% release rate since its opening in 1998.¹ The letters, newspaper clippings, newsletters, pamphlets and administrative records compiled in the archive attest to a system of abuse and neglect rather than psychiatric care. Two digital exhibitions, **Abuses at Rushville** and **Obstacles to Rehabilitation & Release**, highlight resident-authored testimony, research, and critique of civil commitment at Rushville. Collectively, these materials challenge civil commitment's basic claim that it is psychiatric treatment rather than imprisonment under another name.

Abuses at Rushville

Curated in the *Abuses at Rushville* exhibition are grievances about harmful sleeping conditions, verbal and physical harassment, transphobia, and homophobia. Conditions at Rushville are harshly punitive. Complaints and appeals for help from higher-ups and therapists go ignored, or else trigger retaliation. "I am being attacked and I fear for my life" as a result of filing a complaint against a staff member, one resident [writes](#) to a judge. Another resident [writes](#) of constant harassment from staff, with "compliance shakedowns," homophobic slurs, and being written up for romantic/sexual intimacies with other residents.

For many of the residents who contributed to the archive, Rushville seems like a death sentence. The lists of deaths in Rushville that residents keep and exhibited in *Abuses at Rushville* attests that for many, it is. Residents write that Rushville's death rate is twice that of the national average, and that staff are callous in the face of these resident deaths.² Materials in this collection paint a picture of Rushville as a psychologically damaging and prison-like place antithetical to therapeutic growth.

Obstacles to Rehabilitation & Release

¹ Private correspondence with Shaun Jumper, Clinical Director at Rushville, on 2/28/22.

² [The First Amendment Rushville Newsletter—September 2016](#).

Rushville claims to offer state-of-the-art, evidence-backed treatment intended to cure and reintegrate residents into civil life. Resident letters, pamphlets, and article clippings that diagnose Rushville's failure to make good on these promises comprise *Obstacles to Rehabilitation & Release*. Residents relate the fact of indefinite commitment to several interrelated factors.

Residents argue psychological treatment provided at Rushville is misguided and ineffective. Some contest the state's assertion that all or even most residents have specific mental disorders, like sadistic paraphilia, that make them sexually violent and unable to control sexual impulses.³ Residents estimate that in actuality, a small proportion of residents have psychiatric disorders, whereas most residents committed harm not due to a dangerous psychiatric disorder, but other circumstances, often linked to being survivors of abuse themselves. A [collection of articles](#) circulated among residents and included in the archive forcefully argue what many of the other exhibition materials indicate: civil commitment's medical terms and assessment tools are poorly defined, subjective, lack scientific support, and are often misinterpreted by courts and clinicians, making it nearly impossible for residents to achieve release. Without a firm medical basis for civil commitment, the process is subject to bias. One resident estimates that 85% of Rushville's population is LGBTQ, a gross overrepresentation.⁴

Residents also report that treatment progress is often held up as punishment, retribution, coercion, or from outside social/political pressures. As one resident [comments](#)—in the margins of a court judgment on his Fourteenth Amendment complaint—the law is set up to prevent residents from acquiring second opinions that would challenge and expand accountability to Rushville's medical authority. Residents further point out that the state and Liberty Healthcare Corporation have little motive to fix such obstacles to release. One resident [writes](#) in the resident newsletter that Liberty's psychological treatment is “nothing more than a thinly veiled justification to keep us locked up as long as possible, preferably, until we die.” To this end, a resident pamphlet, “[Fundamentals of Sustained Oppression for Profit](#),” critiques the vested political and financial interests the state and corporations have in impeding resident release. It breaks down techniques staff members and clinicians use to “sustain oppression,” i.e. keep residents profitably locked away.

Finally, exhibition documents critique a system that makes it challenging to find legal representation. One resident provided several [rejection letters](#) from law offices for archiving, writing on one of them, “When no one will help, how are we not supposed to feel hopeless and give up?”

For further context, see our guide to the [coercive pseudoscientific practices in civil commitment](#).

³ E.g. “Another Perspective” in *The First Amendment Rushville Newsletter*-December 2017. “Four exhibits.” *The TDF Wake Up Call*-April 2015. “Treatment?????” in *The First Amendment Rushville Newsletter*-April 2018.

⁴ Kirk, “Letter describing inequitable conditions”

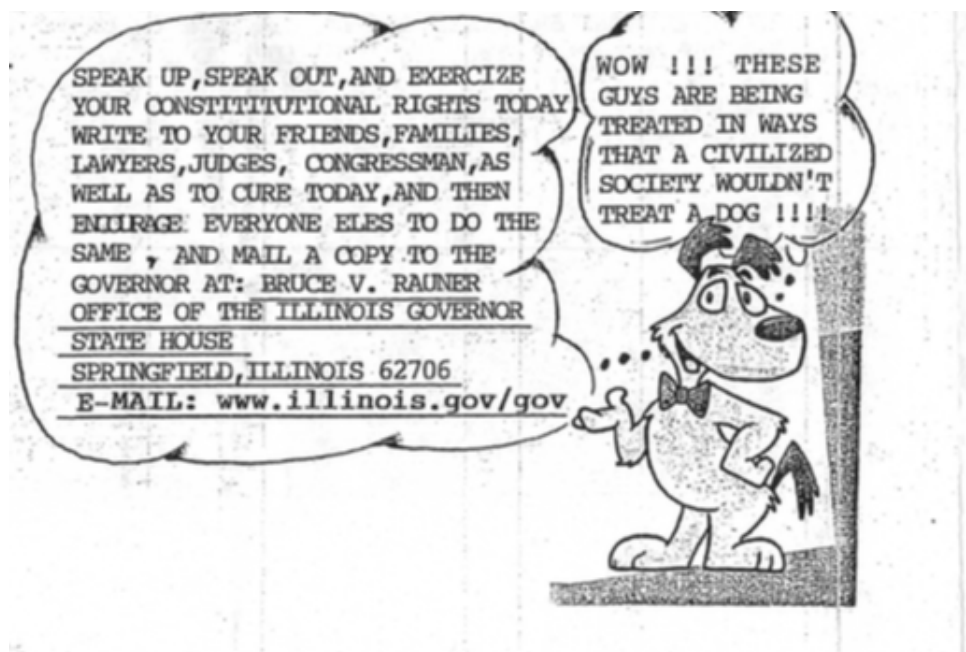
Abuses

*And the only way you leave this place is in a body bag,
this place smell like death every day.*

Excerpt from a letter from Carlos, [18 April, 2019](#). ["And the only way you leave this place is in a body bag, this place smell like death everyday."]

IN THIS EDITION LET US EXAMINE AND TAKE AN OBJECTIVE AND HONEST LOOK INTO THE INNER WORKINGS OF THE IDHS/TDF. LETS START WITH THE SO CALLED MISSION STATEMENT THAT WE ALL SEE PLASTERED ON THE WALL, WHICH STATES: "THE ILLINOIS DEPARTMENT OF HUMAN SERVICES TREATMENT AND DETENTION FACILITY PROVIDES STATE OF THE ART SEX OFFENDER SPECIFIC TREATMENT, IN A SAFE, STRUCTURED RESIDENTIAL ENVIRONMENT WE FOCUS ON THE INDIVIDUALIZED TREATMENT NEEDS OF THE RESIDENT, AND TREAT EACH RESIDENT RESPECTFULLY, PROFESSIONALLY, AND WITH DIGNITY, WE BELIEVE ALL RESIDENTS CAN CHANGE, WE STRIVE TO REDUCE RISK TO SOCIETY BY FACILITATING LIFE LONG BEHAVIOR CHANGE IN RESIDENTS. THIS OF COURSE IS THEN FOLLOWED BY THE "VISION STATEMENT "STATING: "ALL RESIDENTS ARE RELEASED AND SUCESSFULLY REINTERGRATED BACK INTO THE COMMUNITIES". "WOW...IF ONLY IT WERE TRUE!!!!!!!!!!!!!!!!!!!!!!"

Excerpt from [The First Amendment Rushville Resident Newsletter \(March 2016\)](#)



Graphic from [First Amendment Rushville Resident Newsletter \(July 2016\)](#)

The treatment provider has a paradigm for residents to follow when residents are providing information about how and why they sexually offended, and that pattern is structured to make residents appear to suffer from those two people who the United States Supreme court has ruled on (Kansas -vs- Leroy Hendricks, 95-9075, United States Supreme Court) Where Leroy Hendricks said that deviant sexual desires to sexually offend children, and he said that when he gets stressed-out, he can't control his urges to sexually offend.

Now at Rushville, residents are suppose to lie about having deviant sexual fantasies of raping, woman, children, or other sexual deviant. And if you don't follow this paradigm, you'll be held-up in treatment-- which means that you wont move up the tier system (or treatment phases)

Excerpted from [Survey Addendum](#)

Obstacles

And Again treatment needs to be given for many stories/histories that I hear about in group therapy has taught me so much that it's all best encapsulated in the following adage;
Today's Perpetrators Are Yesterdays Victims - IGNORED
There's many ways to ignore, there's a multitude of abuses that are ignored, like being bullied. our culture has resolved this by stating kids will be kids -or- toughen up.

Excerpt from a letter from Kirk, [28 February 2019](#). ["Today's perpetrators are yesterday's victims—ignored."]

The fundamentals of
Sustained Oppression
For Profit

1) LEAN ON ME: Create and maintain a system of dependence. Convince those pawns that they are forever defined and flawed because of their past, and they CANNOT succeed without consistent life long assistance. Focus on the pawns flaws, downplay their strengths. Impress upon them that they are not now, nor will they ever be worthy of respect without OUR guidance and life long direction.

2) STUPID IS AS STUPID DOES: Deny the pawn education where ever possible. Knowledge is power, education is empowering. The pawn must learn to accept It's lowly position. In order to preserve the System of Dependence We must nurture ignorance.

3) DIVIDE AND CONQUER: Fear, Distrust, & Envy are your allies. Play on their... desire to rise, one above another. Encourage infighting, reward informants. Pit child molester against the rapist, straights against gays, blacks against whites. Recognise and capitalize on their differences. sabotage all efforts at unity. Remind the pawn that non-compliance = life long imprisonment.

4) ZIP IT!: Speech is the most powerful tool a pawn can have. The pawn's voice must be suppressed whenever possible. The pawns must be impeded from alarming the general public. The internet is our enemy.

Note: Malice and evil thrive in the shadows. Secrets lose all force in the light.

Panel from [The Fundamentals of Sustained Oppression for Profit](#)



These letters were ~~RE:~~ RE:
Sexual Harassment v. F
Retaliation v. Scott
Treatment v. Dimes
Dental v. Mitchell / Law Shee
v. Annapolis Correctional Serv.

Illinois 60640
773.769.2221

March 22 2017 But No one, even with copies
of the 7th circuit rulings I received
in hand would touch them.
I have another dozen here too,
including from the ACLU.
When no one will help, how are we not
supposed to feel hopeless and
give up?

in civil rights case, criminal case or other
ely, we are not in a position to assist you.
... we get hundreds of letters

Annotation on a [legal letter](#) declining to represent the resident. ["...but no one, even with copies of the 17th circuit rulings I received in hand would touch them. I have another dozen here too, including from the ACLU. When no one will help, how are we not supposed to feel hopeless and give up?"]

225 ILCS 109/40; 725 ILCS 207/55(a)-(b). The Act imposes civil and criminal penalties on unlicensed persons who attempt to provide sex-offender treatment. 225 ILCS 109/90, 160.

* No one has ever been held to account for violating this Act. It was designed only to prevent defendants from getting experts to testify.

Annotation on a [court judgment](#) on a resident's 14th Amendment complaint against Liberty Healthcare and the Department of Human Services. ["No one has ever been held to account for violating this Act. It was designed only to prevent defendants from getting experts to testify."]