

# 2022 ANNUAL PREA REPORT

An Internal Analysis of CY-2022

Sexual Abuse and Sexual

Harassment Data



Illinois Dept. of Corrections

Latoya Hughes, Acting Director

## Illinois Department of Corrections 2022 Annual PREA Report

The Prison Rape Elimination Act (PREA) was passed in 2003 with unanimous support from both parties in Congress and signed into law by President George W. Bush in 2003. The purpose of the Act was to “provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape”.

The Department maintains a strict “**Zero Tolerance**” policy towards all forms of sexual abuse and sexual harassment; and provides guidelines for the prevention, detection, response, investigation, and tracking of all allegations. All allegations of sexual abuse and sexual harassment are taken seriously, investigated, and when applicable, referred for prosecution. While incarcerated within the Illinois Department of Corrections, the safety of the individuals in our custody is a primary concern; and that safety includes the right to be free from sexual abuse, harassment and retaliation.

This Annual PREA Report is prepared and published in accordance with PREA Standard §115.88.

This report, and previous Annual PREA Reports, may be found on the Illinois Department of Corrections’ webpage: <https://idoc.illinois.gov/programs/prisonrapeeliminationactof2003.html>

### ACCOMPLISHMENTS

The Department remains diligent to ensure the sexual safety of all individuals under the care and control of the Illinois Department of Corrections. Employee training, specifically in the area of prevention, detection, and response of sexual abuse and sexual harassment, has been a primary focus. In addition to training new security and non-security staff, Staff Development & Training continues to provide an advanced comprehensive training module on the Department’s Sexual Abuse and Harassment Prevention and Intervention Program.

The module is available to all staff; however, the training is a prerequisite for any staff appointed as a facility PREA Compliance Manager or facility backup PREA Compliance Manager, as well as any staff member who may act as a Duty Administrative Officer for the facility. The training, which is provided regionally to increase access to the training, was offered 32 times across the state in 2022 and provided an opportunity for over 180 staff to receive the in-depth training.

In July 2022, the specialized training component required for medical and mental health staff was added to the initial and annual refresher PREA training curriculum. This change will ensure all medical and mental health staff not only receive the training, but ensure they are provided with an annual refresher of the material. Additionally, the information will be provided to all staff and contractors. The training includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The Department continues to provide training to staff regarding population with unique or special needs. All security staff who attend the 8-week Training Academy also receive specialized training specific to supervising incarcerated women. The Gender-Responsive and Trauma-Informed training educates staff of the unique needs of incarcerated women, including how past victimization in the community and in a corrections environment influences current behavior; effective strategies for communicating with women

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in custody; as well as how to appropriately respond to potential victims of sexual assault and sexual harassment. Also, security staff assigned to the Women's Division are also provided *CR/2 – Creating Regulation and Resilience* training. CR/2 is a communication model that provides corrections professionals with the skills they need to communicate with individuals in custody more effectively, de-escalate problem situations and create safer and more productive facilities. CR/2 empowers staff with the knowledge and skills they need to implement effective responses, thus increasing staff satisfaction and retention. The Department continues to mandate annual training for all staff regarding transgender and non-binary individuals in correctional settings. The training highlights the differences between Sex, Gender and Sexual Orientation, as well as the unique needs of the transgender incarcerated population.

The Department strives to ensure an objective and impartial investigation is conducted to ensure the integrity of every sexual abuse or sexual harassment investigation. Completing PREA investigations timely has been a perpetual concern. To eliminate the backlog of pending investigations and increase the speed at which future investigations can be concluded, the Department conducted training for an additional 47 internal affairs and intel staff in July 2022. The 40-hour *Institutional Investigator* training covers topics such as, but not limited to, techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.

The Department continues to encourage staff to participate in the National Institute of Corrections' (NIC) PREA Online Learning curriculum which provides targeted PREA training specific to the employee's position (*e.g.* Investigations, Healthcare, Mental Health, Facility PREA Compliance Manager, etc.). The training is offered at no cost and provides a great supplement to the multitude of PREA training opportunities offered by the Department.

A critical component of maintaining sexual safety in confinement settings is appropriately screening of individuals in custody for risk of victimization or perpetration of sexual abuse. An important step of the screening process is ensuring individuals have access to mental health services, where appropriate. To ensure individuals with a history of victimization or perpetration are offered follow-up with a mental health practitioner in accordance with the PREA Standards, an upgrade was made to the screening module in the Department's O-360 data system to ensure the offering of services is made and appropriately documented.

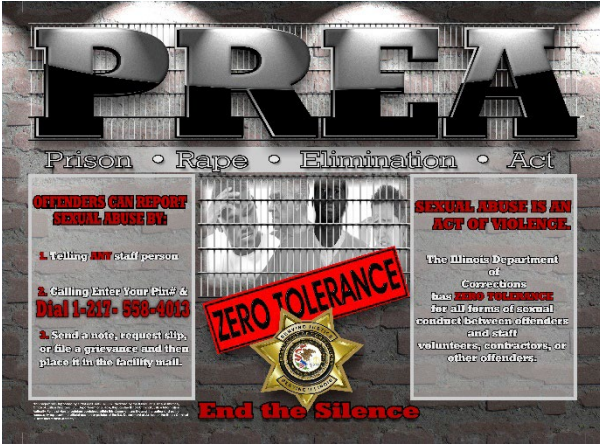
The Department appreciates the partnerships created with rape crisis centers across the state to ensure the men and women in our custody have timely access to confidential support services and victim advocacy offered by the centers in the community. With the tremendous help and guidance from the Illinois Coalition Against Sexual Assault ("ICASA"), the Department has entered into 29 exclusive memorandums of understanding ("MOUs") between local crisis centers and our facilities to ensure unimpeded access to services.

In addition to staff training, the Department continues to place substantial emphasis on education for individuals in custody. Ensuring all individuals in custody know how to report an allegation of abuse, and knowing those reports may be made confidentially and without fear of retaliation, is paramount. All are provided with information regarding the Department's Zero Tolerance policy at intake. PREA information is provided to each individual in custody throughout their incarceration through staff and peer PREA educators, placement of over 2,500 bilingual permanent signs, information offered on the facility's

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dedicated TV channel, the facility's *Handbook for Individuals in Custody*, printed brochures, and even more creative ways like painted murals throughout some facilities.

**PREA Signs Designed & Manufactured by Illinois Correctional Industries (ICI)**



PREA Informational Sign (English)



PREA Informational Sign (Spanish)

**PREA Murals at Southwestern Illinois Correctional Center**





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The Department partners and continues to keep an open line of communication with the John Howard Association which is an independent monitor of correctional facilities and advocate for individuals in custody. Through an MOU, the Illinois Department of Corrections and the John Howard Association continues to ensure individuals in custody have a mechanism to report allegations of sexual abuse or sexual harassment directly to a confidential third-party completely independent of the Illinois Department of Corrections.

## Facility PREA Audits

During calendar year 2022, the Department concluded the third year of the third 3-year audit cycle of facility PREA audits in accordance with PREA Standard §115.401. The Department, utilizing an independent outside contractor certified by the US Department of Justice, completed seven facility audits of correctional centers, as well as one Adult Transition Center (community correctional center).

The following facilities were audited during calendar year 2022:

- Vandalia Correctional Center\*
- Peoria Adult Transition Center
- Kewanee Life Skills Reentry Center\*
- Vienna Correctional Center\*
- Big Muddy River Correctional Center\*
- Joliet Treatment Center\*
- Graham Correctional Center\*
- Stateville Correctional Center\*

\* Denotes Corrective Action required by the PREA Auditor

The final reports from each completed PREA audit are published on the Department's website at <https://idoc.illinois.gov/programs/preaauditreports.html>

## Statewide Corrective Action Taken for Calendar Year 2022:

§115.17 – a review of staff background files revealed the background investigation process did not consistently conduct additional reference checks on prior institutional employers. A process, including training applicable staff of the process, was enacted to ensure the additional reference checks are completed in accordance with the Standard.

§115.33 – a review of individual in custody intake records revealed staff are not consistently having the individuals sign off on the orientation review. To show compliance with the Standard, the Department provided training to facilities to ensure individuals are acknowledging their participation in facility orientation by signing the *Orientation Receipt*, DOC 0291, which is then maintained in the individual's master file.

§115.35 – a review of training files of medical and mental health staff revealed staff were not consistently being provided specialized PREA training for medical and mental health practitioners or the training was not adequately documented. The Department added the specialized component to Pre-Service Orientation Training (PSOT) as well as Annual Cycle Training in July 2022 to ensure all staff receive the training and is properly documented in the employee or contractor's training file.

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§115.41 – a review of intake screenings and assessments found that, while facilities had a process in place to conduct the screenings, critical information for the assessments was found to be absent or the files were determined to be inaccurate. The Department provided targeted training on a Statewide basis to staff responsible for completing the *Screening for Potential Sexual Victimization or Sexual Abuse*, DOC 0494, to ensure adequate file reviews are conducted and any information which bears an individual’s risk for sexual victimization or abusiveness is considered.

§115.42 – a review found information related to housing and placement of transgender individuals in custody was not immediately available. Procedures were put in place to ensure housing decisions as well as biannual programing and placement reviews are maintained in a way to ensure they are assessable to appropriate staff and personnel.

§115.67 – a review found individuals reporting allegations of sexual abuse or sexual harassment were not immediately monitored for retaliation. The Department conducted training and implemented procedures to ensure individuals reporting allegations are monitored for retaliation promptly and appropriately.

§115.81 – a review found inconsistent documentation for follow-up with mental health after reporting prior victimization or perpetration of sexual abuse during risk screening. The Department had already determined a deficiency in documentation and had already implemented a change in the risk assessment form (DOC 0494) to appropriately document the offering of a follow-up mental health contact. Additionally, an update was made to the Department’s O-360 data system to ensure those risk screenings completed electronically using O-360 included mental health follow-up when appropriate. The updated module in O-360 requires the mental health follow-up to be documented for the system to allow the screening to be completed.

§115.86 – a review found inconsistencies with sexual abuse incident reviews. Statewide training was provided on the requirements of the Standard regarding proper and timely completion of the reviews and how to properly utilize the Sexual Abuse Incident Review form, DOC 0593, to document the review.

### **Facility-specific Corrective Action Taken for Calendar Year 2022:**

#### **Vandalia Correctional Center**

§115.15 - a review found some staff had not received the most recent annual search training. The staff were immediately enrolled in the Department’s refresher search training.

§115.31 – a review found some staff had not received the most recent PREA training. The staff were immediately enrolled in the Department’s PREA refresher training.

§115.32 – a review found some contractors had not received the most recent PREA training. The contractors were immediately enrolled in the Department’s PREA refresher training.

#### **Kewanee Life Skills Reentry Center**

§115.32 – a review found some part-time contractors had not received the most recent PREA training. The contractors were immediately enrolled in the Department’s PREA refresher training.

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§115.53 – a review found access to information regarding confidential support services was lacking. The facility immediately added information to the Facility Handbook as well as posting informational signage throughout the facility available to individuals in custody as well as visitors.

### **Vienna Correctional Center**

§115.63 – a review found notifications made to other confinement facilities where occurrences of sexual abuse or sexual harassment had allegedly occurred did not include notification to the Chief Administrative Officer (“CAO”) of the facility within the 72-hour reporting period. Individualized and targeted training was immediately provided to all staff involved in the reporting process to ensure future compliance.

### **Big Muddy River Correctional Center**

§115.15 – the facility tour revealed toilets in the dayroom of the housing units allowed potential viewing by opposite-gender staff. The toilets were removed.

§115.16 – a review of individual in custody orientation documents could not confirm individuals in custody who were limited English proficient (LEP) were provided orientation information in a format they could understand. Individuals in custody identified as LEP were re-educated in a format they could understand, and updated Orientation Receipts were completed and filed in the master file.

§115.21 – a review found access to information regarding confidential support services was lacking. The facility immediately added information to the Facility Handbook as well as posting informational signage throughout the facility available to individuals in custody as well as visitors. Targeted and individualized training was also provided to appropriate staff.

§115.51 – the facility was unable to substantiate all individuals in custody had information regarding the confidential reporting mechanism to report allegations of sexual abuse or sexual harassment (John Howard Association). Informational signage regarding the John Howard Association was displayed throughout the facility and the information was added to the facility’s orientation process.

§115.53 – a review found access to information regarding confidential support services was lacking. The facility immediately added information to the Facility Handbook as well as posting informational signage throughout the facility available to individuals in custody as well as visitors.

§115.73 – a review found the facility could not appropriately substantiate alleged victims of sexual abuse or sexual harassment were notified timely of the outcome of the investigation. Targeted training was conducted with all staff involved in the reporting process to ensure future and continued compliance.

### **Joliet Treatment Center**

§115.15 - a review found some staff had not received the most recent annual search training. The staff were immediately enrolled in the Department’s refresher search training.

§115.31 – a review found some staff had not received the most recent PREA training. The staff were immediately enrolled in the Department’s PREA refresher training.

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§115.32 – a review found some contractors had not received the most recent PREA training. The contractors were immediately enrolled in the Department’s PREA refresher training.

§115.51 – a review found grievances which appeared to allege sexual harassment which were not treated as PREA allegations. Documented training was provided to all staff involved in the grievance process to ensure allegations of sexual harassment or assault made using the grievance process are handled appropriately.

§115.61 – a review found grievances which appeared to allege sexual harassment which were not treated as PREA allegations. Documented training was provided to all staff involved in the grievance process to ensure allegations of sexual harassment or assault made using the grievance process are handled appropriately.

### **Graham Correctional Center**

§115.16 – a review of individual in custody orientation documents could not confirm individuals in custody who were limited English proficient (LEP) or disabled were provided orientation information in a format they could understand. Individuals in custody identified as LEP or disabled were re-educated in a format they could understand, and updated Orientation Receipts were completed and filed in the master file.

§115.31 – the auditor was not satisfied with the level of PREA knowledge of staff. All staff, including both security and non-security staff, were immediately provided documented PREA refresher training.

§115.32 – the auditor was not satisfied with the level of PREA knowledge of contractors. All contractors were immediately provided documented PREA refresher training.

§115.62 – the auditor was not satisfied with the level of PREA knowledge of staff regarding protective measures available. All staff, including both security and non-security staff, were immediately provided documented PREA refresher training.

§115.31 – the auditor was not satisfied with the level of PREA knowledge of staff regarding first responder duties. All staff, including both security and non-security staff, were immediately provided documented PREA refresher training and provided with PREA first responder cards.

§115.73 – a review found the facility could not appropriately substantiate alleged victims of sexual abuse or sexual harassment were notified timely of the outcome of the investigation. Targeted training was conducted with all staff involved in the reporting process to ensure future and continued compliance.

### **Stateville Correctional Center**

§115.15 – a review found staff were not consistently making opposite-gender announcements when opposite-gender staff was entering housing units. Training was immediately provided to all staff regarding the announcement requirement.

§115.16 – a review found access to PREA information in Spanish was lacking. The facility immediately added informational PREA signage in Spanish throughout the facility available to individuals in custody as well as visitors.



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§115.21 – interviews determined the PREA Compliance Managers had limited knowledge of the MOU with outside victim advocates. Training was provided regarding the role victim advocates play and the processes in place to ensure their services are available to individuals in custody.

§115.53 – a review found access to information regarding confidential support services was lacking. The facility immediately added information to the Facility Handbook as well as posting informational signage throughout the facility available to individuals in custody as well as visitors.

### **PREA ALLEGATION STATISTICS & TRENDS**

#### **DEFINITIONS:**

*Substantiated allegation* (Sub): an allegation that was investigated and determined to have occurred.

*Unsubstantiated allegation* (Uns): an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

*Unfounded allegation* (Unf): an allegation that was investigated and determined not to have occurred.

*Ongoing Investigation* (Ong): an investigation into an allegation that was initiated but has not yet concluded.

#### **STATISTICAL DATA**

The following tables (Tables 1-A through 4-A) were developed from data provided by each facility, based on the number of allegations, type of allegation, and outcome of the investigation; and aggregated to provide Department-wide totals. The total number of PREA allegations by year and type is shown in Chart 1-A.

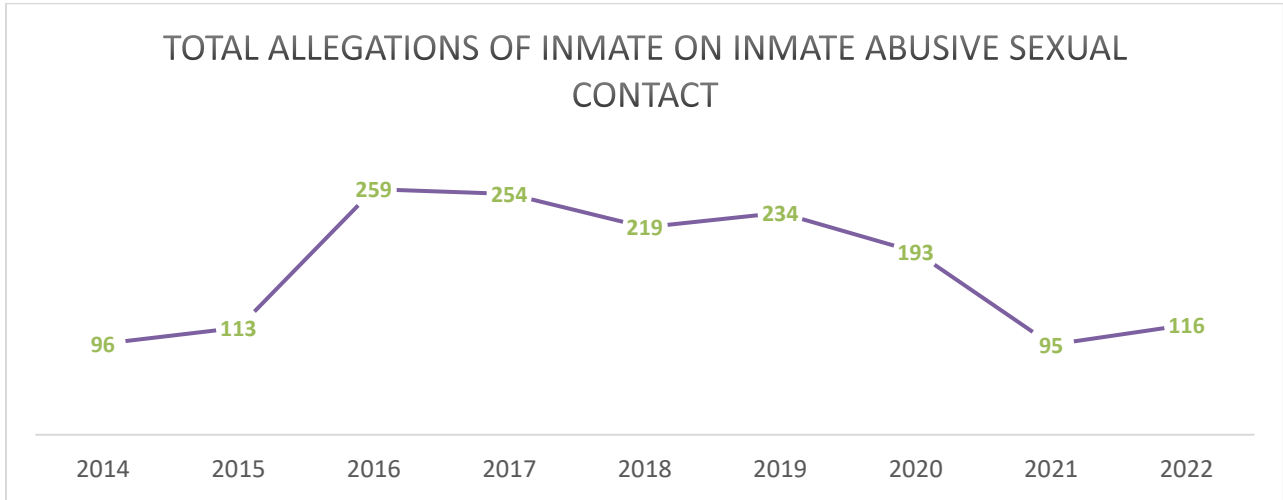
\* Data for abusive sexual contact and harassment in 2015 was combined. Consequently, only the total number of cases is reported for 2015.

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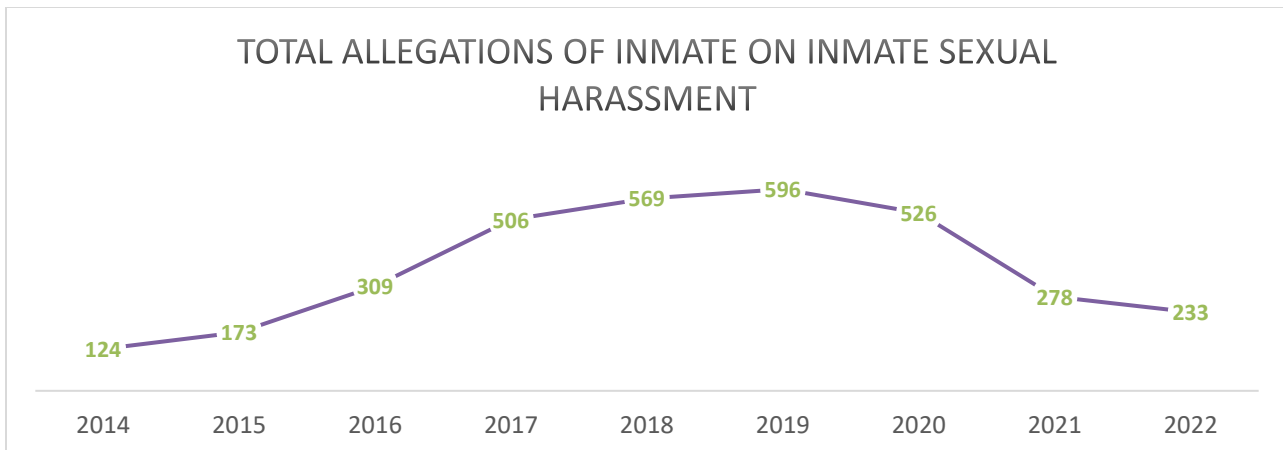
**Inmate on Inmate Abusive Sexual Contact (TABLE 1-A)**

	2014	2015	2016	2017	2018	2019	2020	2021	2022
Substantiated	4	*	21	21	14	13	3	7	9
Unsubstantiated	56	*	158	165	163	164	153	68	77
Unfounded	29	*	75	57	22	43	25	6	16
Ongoing Investigation	7	*	5	11	20	14	12	14	14
<b>TOTAL</b>	<b>96</b>	<b>113</b>	<b>259</b>	<b>254</b>	<b>219</b>	<b>234</b>	<b>193</b>	<b>95</b>	<b>116</b>



**Inmate on Inmate Sexual Harassment (TABLE 2-A)**

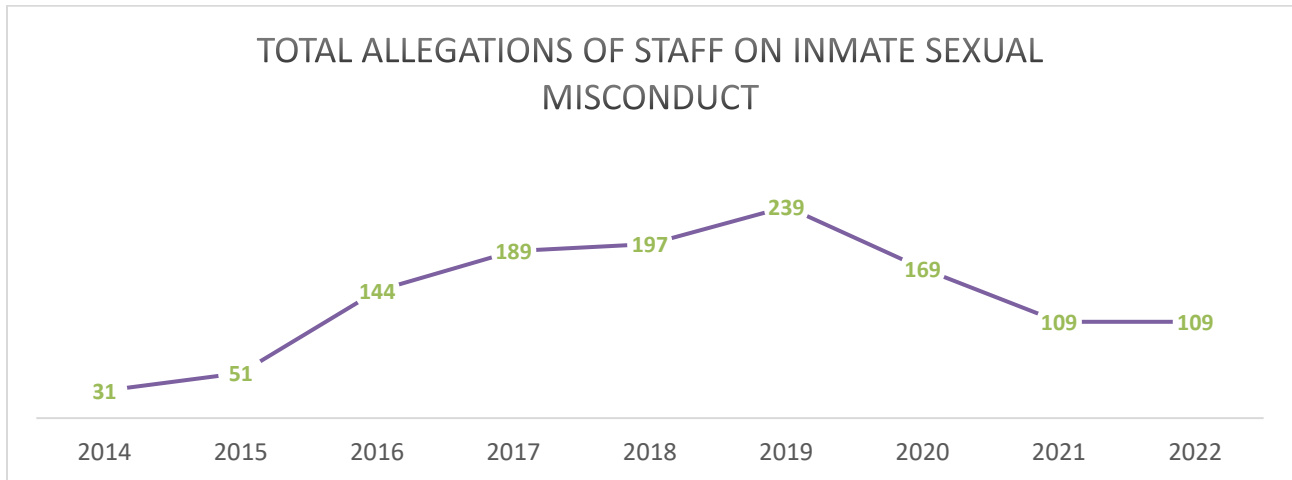
	2014	2015	2016	2017	2018	2019	2020	2021	2022
Substantiated	6	*	35	50	75	57	28	16	19
Unsubstantiated	86	*	191	352	410	471	426	183	165
Unfounded	32	*	81	89	70	57	56	23	26
Ongoing Investigation	0	*	2	15	14	11	16	56	23
<b>TOTAL</b>	<b>124</b>	<b>173</b>	<b>309</b>	<b>506</b>	<b>569</b>	<b>596</b>	<b>526</b>	<b>278</b>	<b>233</b>



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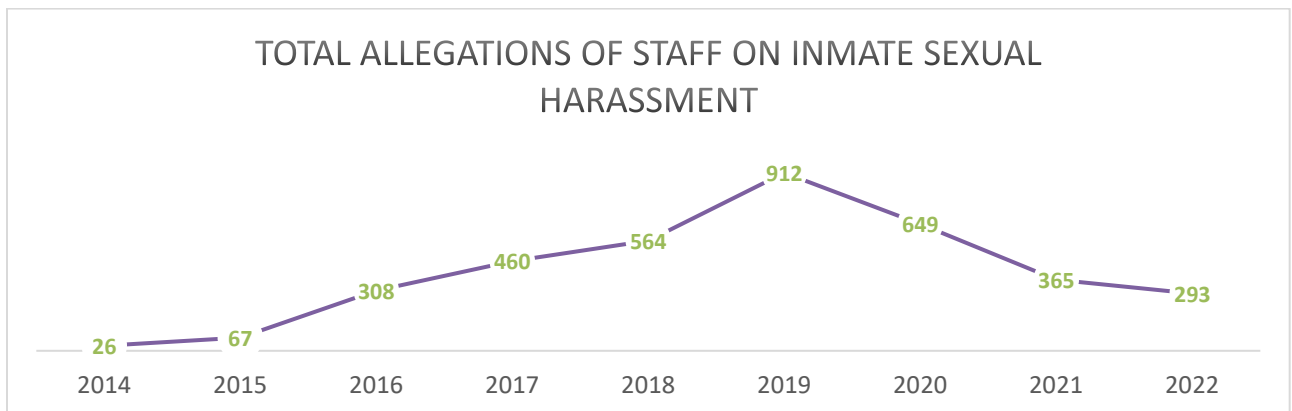
**Staff on Inmate Sexual Misconduct (TABLE 3-A)**

	2014	2015	2016	2017	2018	2019	2020	2021	2022
Substantiated	5	*	3	0	2	1	1	0	5
Unsubstantiated	19	*	91	134	138	183	116	59	73
Unfounded	7	*	38	40	27	37	37	23	12
Ongoing Investigation	0	*	12	15	30	18	15	27	19
<b>TOTAL</b>	<b>31</b>	<b>51</b>	<b>144</b>	<b>189</b>	<b>197</b>	<b>239</b>	<b>169</b>	<b>109</b>	<b>109</b>



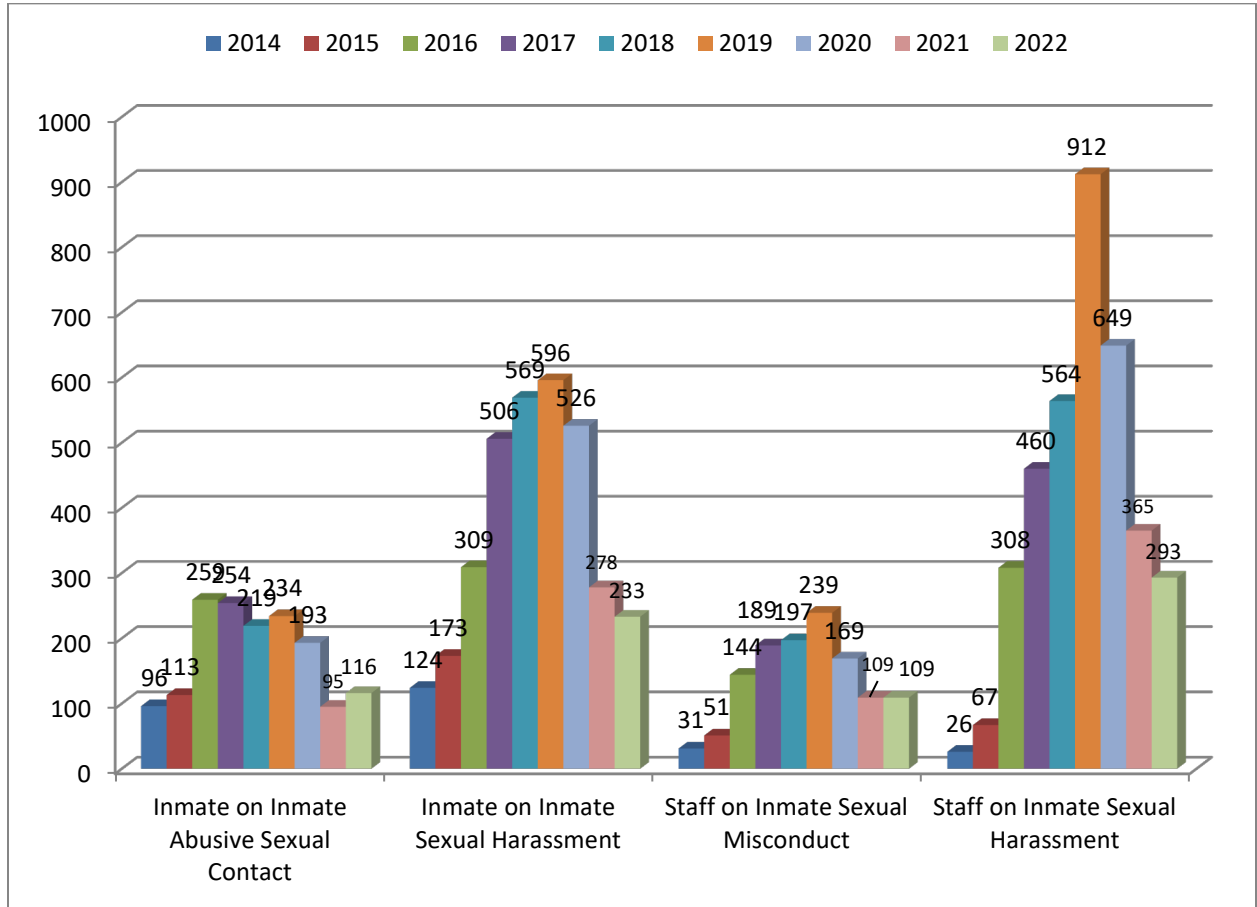
**Staff on Inmate Sexual Harassment (TABLE 4-A)**

	2014	2015	2016	2017	2018	2019	2020	2021	2022
Substantiated	3	*	8	5	5	1	12	1	1
Unsubstantiated	21	*	180	350	447	692	497	263	240
Unfounded	2	*	92	67	64	86	42	21	29
Ongoing Investigation	0	*	28	38	48	133	98	80	23
<b>TOTAL</b>	<b>26</b>	<b>67</b>	<b>308</b>	<b>460</b>	<b>564</b>	<b>912</b>	<b>649</b>	<b>365</b>	<b>293</b>



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**Total Number of all PREA Allegations by Year and Type (Chart 1-A)**



Comparing the total number of allegations from 2014 to 2022, a dramatic stairstep increase in allegations early in the reporting period (2014 – 2017) is clearly shown. The increase is likely the result of the creation and implementation of the PREA Standards, and the large-scale comprehensive training and emphasis placed on staff response to allegations of sexual abuse and sexual harassment which immediately followed. Similarly, the increase is likely a byproduct of the cultural shift which occurred in facilities across the country where PREA was incorporated into incarcerated life because of the saturation of PREA-related education-initiatives targeting individuals in custody.

In 2020, the Department partnered with The Moss Group utilizing an IDOC-initiated request for technical assistance from the National PREA Resource Center, to provide very focused training for staff regarding properly identifying allegations of sexual abuse and sexual harassment. A review of the Department’s allegations found many of the allegations which resulted in the PREA protocol being initiated did not meet the definition of sexual abuse or sexual harassment; and were therefore inaccurately identified and erroneously reported as PREA allegations.

Mislabeling or misidentifying allegations as “PREA” which do not meet the definitions of sexual abuse or sexual harassment has significant consequences. The inaccurate reporting skews data reported nationally to clearinghouses such as the Bureau of Justice Statistics which compiles the Survey of Sexual

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Victimization (SSV); but more importantly, encourages a culture of not reporting true victimization for fear of the allegation not being taken seriously. Accurately classifying what allegations warrant the PREA protocol response ensures allegations of sexual abuse and sexual harassment are responded to promptly and ensures thorough and comprehensive investigations are completed timely.

The “*Is it PREA?*” training module was launched Departmentwide in January 2021 and continues to be mandated training for those staff in the roll of Shift Supervisor; and highly recommended for any staff directly involved in the facility’s PREA protocol. Through awareness and staff training and development, the Department has shown a downward trend in the number of allegations, primarily with sexual harassment allegations, since only those reports which meet the definitions of sexual abuse or sexual harassment are being identified as ‘PREA allegations’.

Those allegations previously misidentified as PREA (staff conduct, insolence, etc.) may now be appropriately investigated and responded to in a timely manner without sacrificing the resources required by utilizing the PREA protocol response. Forecasting future allegation trends, it is anticipated allegation numbers will level-off; assuming no drastic changes in total population.

The following tables were developed from data provided by each individual facility and represent cases that were alleged to have occurred during calendar year 2022. Table 1-B represents statistical data regarding allegations made involving inmate on inmate sexual abuse and harassment. Table 2-B represents data regarding allegations made involving staff on inmate sexual misconduct and harassment.

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**2022 Inmate on Inmate Abuse & Harassment by Facility (TABLE 1-B)**

Facility	Abusive Sexual Contact					Sexual Harassment					Facility Total
	Sub	Uns	Unf	Ong	TOT	Sub	Uns	Unf	Ong	TOT	
Big Muddy River	0	4	0	3	7	0	1	2	5	8	15
Centralia	2	7	2	1	12	4	7	1	0	12	24
Danville	1	1	0	0	2	2	9	0	0	11	13
Decatur	0	2	0	0	2	0	2	0	0	2	4
Dixon	0	8	0	1	9	1	31	1	0	33	42
East Moline	0	1	0	0	1	1	4	0	0	5	6
Graham	0	4	0	0	4	0	11	0	0	11	15
Hill	0	3	4	0	7	0	6	0	0	6	13
Illinois River	0	6	1	2	9	1	5	0	0	6	15
Jacksonville	0	0	0	0	0	0	3	0	0	3	3
Joliet Treatment Ctr.	0	0	0	0	0	1	5	4	7	17	17
Joliet Inpatient Ctr.	0	0	0	0	0	0	0	0	0	0	0
Kewanee	0	0	0	0	0	0	0	0	0	0	0
Lawrence	0	3	0	0	3	1	1	0	0	2	5
Lincoln	0	1	0	0	1	0	1	0	0	1	2
Logan	1	3	3	1	8	1	3	6	0	10	18
Menard	0	16	0	0	16	0	11	1	0	12	28
Pinckneyville	0	4	1	0	5	0	3	0	0	3	8
Pontiac	0	2	1	0	3	2	35	1	1	39	42
Robinson	0	1	0	0	1	0	0	0	0	0	1
Shawnee	0	4	0	0	4	0	0	0	0	0	4
Sheridan	0	1	0	0	1	1	1	0	0	2	3
Southwestern Illinois	1	0	0	0	1	0	0	0	0	0	1
Stateville	0	0	0	1	1	0	0	0	0	0	1
Stateville NRC	0	2	0	4	6	0	12	0	8	20	26
Taylorville	4	0	1	1	6	3	6	0	1	10	16
Vandalia	0	1	0	0	1	0	5	0	0	5	6
Vienna	0	2	0	0	2	0	1	0	0	1	3
Western Illinois	0	1	3	0	4	1	2	10	1	14	18
Crossroads ATC	0	0	0	0	0	0	0	0	0	0	0
Fox Valley ATC	0	0	0	0	0	0	0	0	0	0	0
North Lawndale ATC	0	0	0	0	0	0	0	0	0	0	0
Peoria ATC	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>9</b>	<b>77</b>	<b>16</b>	<b>14</b>	<b>116</b>	<b>19</b>	<b>165</b>	<b>26</b>	<b>23</b>	<b>233</b>	<b>349</b>



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**2022 Staff on Inmate Sexual Misconduct & Harassment by Facility (TABLE 2-B)**

Facility	Sexual Misconduct					Sexual Harassment					Facility Total
	Sub	Uns	Unf	Ong	TOT	Sub	Uns	Unf	Ong	TOT	
Big Muddy River	0	1	0	2	3	0	4	2	7	13	16
Centralia	0	0	0	0	0	0	5	0	0	5	5
Danville	0	3	0	0	3	1	7	0	0	8	11
Decatur	1	0	0	0	1	0	2	0	0	2	3
Dixon	0	7	3	0	10	0	28	2	0	30	40
East Moline	0	3	0	0	3	0	2	0	0	2	5
Graham	0	2	0	0	2	0	4	0	0	4	6
Hill	0	0	0	0	0	0	1	0	2	3	3
Illinois River	0	0	0	0	0	0	3	0	1	4	4
Jacksonville	0	1	1	0	2	0	2	0	0	2	4
Joliet Treatment Ctr.	0	0	0	0	0	0	0	0	0	0	0
Joliet Inpatient Ctr.	0	5	0	0	5	0	0	0	0	0	5
Kewanee	0	0	0	0	0	0	1	0	0	1	1
Lawrence	1	2	0	0	3	0	20	0	0	20	23
Lincoln	0	0	0	0	0	0	2	0	0	2	2
Logan	1	4	3	0	8	0	3	6	0	9	17
Menard	0	6	2	1	9	0	17	1	0	18	27
Pinckneyville	0	0	0	0	0	0	3	0	1	4	4
Pontiac	0	25	0	2	27	0	84	1	3	88	115
Robinson	0	0	0	0	0	0	3	1	0	4	4
Shawnee	0	2	1	0	3	0	0	0	0	0	3
Sheridan	0	1	0	0	1	0	1	1	0	2	3
Southwestern Illinois	0	0	0	0	0	0	0	0	0	0	0
Stateville	0	5	0	0	5	0	7	0	0	7	12
Stateville NRC	0	2	0	9	11	0	27	0	6	33	44
Taylorville	0	0	0	0	0	0	0	0	3	3	3
Vandalia	0	1	0	0	1	0	6	3	0	9	10
Vienna	0	0	0	0	0	0	0	0	0	0	0
Western Illinois	2	3	2	3	10	0	8	12	0	20	30
Crossroads ATC	0	0	0	0	0	0	0	0	0	0	0
Fox Valley ATC	0	0	0	2	2	0	0	0	0	0	2
North Lawndale ATC	0	0	0	0	0	0	0	0	0	0	0
Peoria ATC	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>5</b>	<b>73</b>	<b>12</b>	<b>19</b>	<b>109</b>	<b>1</b>	<b>240</b>	<b>29</b>	<b>23</b>	<b>293</b>	<b>402</b>

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A review of the data of the individual facilities provides some specific conclusions based on the uniqueness of the population housed at the facility. Facilities housing higher security individuals: Pontiac (Maximum security), Dixon (Multi-level), Menard (Maximum security), Stateville NRC (Reception & Classification), and Western Illinois (Medium security) represent the highest number of allegations. In fact, these five facilities make up approximately 45% of the total allegations against other individuals in custody and almost 64% of the total allegations against staff for the Department. These types of facilities often house a population with unique management needs, and in some cases, these individuals attempt to manipulate the PREA reporting process.

Facilities demonstrating the fewest number of allegations, for all types of allegations, are typically lower security classification facilities or adult transition centers (work release). Facilities with targeted mental health populations (Joliet Treatment Center, Joliet Inpatient Treatment Center, Pontiac, and Dixon) represent a significant number of total PREA allegations. Considering the small populations examined, these facilities, based on per capita calculations, account for a significant portion of the Department's total PREA allegations.

A review of specific cases demonstrates that a very small population of individuals in custody account for a substantial number of total allegations. For example, five (5) individuals at Pontiac represented over 40% of the facility's total allegations against staff and accounted for over 11% of the total allegations against staff for the entire Department. Similarly, Dixon had five (5) individuals who accounted for approximately 32% of the facility's total allegations. While individuals in custody abusing the PREA process through repeated unfounded reports made in "*bad faith*" may be culpable, the Department recognizes that certain individuals may be targeted for abuse; and therefore, the Department investigates all allegations regardless of the individual's record or previous history of reporting allegations.

The number of ongoing investigations continues to raise concern. While the number of ongoing investigations is higher than desired, the Department is making significant progress in completing PREA investigations and the number of outstanding investigations is trending downward due to the addition of additional staff who have received the specialized training to perform investigations of sexual abuse and sexual harassment. The total number of ongoing allegations are less than half of what was reported during the comparable reporting period last year (2021).

The Department continues to require quarterly reporting to ensure an accurate account of all investigations is maintained. As the data presents, some facilities have significantly higher numbers of allegations to investigate, therefore potentially creating a backlog of cases to conclude. Allegations against staff often require the facility to refer the case to external investigators which characteristically increases the time to conclude a case. Emphasis will continue to be placed on ensuring allegations are promptly and thoroughly investigated to ensure cases are concluded timely, but without sacrificing the integrity of the investigation.

### CONCLUSION

During calendar year 2023, the Department will continue its compliance with PREA. Beginning in early of 2023, utilizing independent contracted PREA auditors certified by the Department of Justice, the Department will be auditing 14 facilities to begin the first year of the fourth 3-year audit cycle. The audits

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provide an independent evaluation of the policies and procedures that the Department has implemented and provides for an opportunity to identify areas for further improvement at the individual facilities, as well as on a Department-wide scale.

The Department will continue to make upgrades to the technology it utilizes in its correctional facilities to deter and investigate sexual abuse. This will be done through our IDOC State-wide Security Camera contract; and utilizing PREA grant funding, when available. Staffing plans will also be consistently reviewed to ensure the most efficient allocation of staff to reduce the likelihood or opportunity for sexual abuse to be committed in our facilities.

Additionally, training and policy will continue to be reviewed and updated as necessary to provide the most up to date knowledge and best practices to the employees of the Illinois Department of Corrections. Annual training will continue to be provided to all employees, volunteers and contractors who have contact with individuals in custody to ensure staff is prepared to respond to an allegation of sexual abuse as well as preventing incidents of sexual abuse. The Department will also continue to explore all avenues of external resources and technical assistance provided by and in consultation with the Department of Justice's National PREA Resource Center and PREA Management Office.

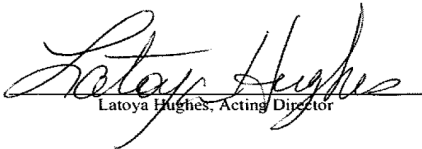
The Illinois Department of Corrections will continue to take all allegations of sexual abuse and harassment seriously throughout our agency. The Department's commitment to maintaining a **"Zero Tolerance"** approach to sexual abuse and sexual harassment will continue to be demonstrated through its full compliance of the Prison Rape Elimination Act.

### Prepared by:



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### APPROVED:



\_\_\_\_\_  
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6/26/2023

Date