**PROTOCOL FOR LAW ENFORCEMENT:**

**Responding to Victims with Disabilities who Experience Sexual Assault and Domestic Violence**

Produced by:

Illinois Family Violence Coordinating Council

This project was supported by Grant No. 2011-WE-AX-0055 awarded by the Office on Violence against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence against Women.

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**Background**

In March 2010, the Illinois Family Violence Coordinating Council (IFVCC) formed a committee to address violence in the lives of people with disabilities. The Responding to Victims with Disabilities Committee includes people with disabilities as well as representatives from Illinois Department of Human Services - Domestic Violence and Sexual Assault Unit, Illinois Department on Aging, the Illinois Attorney General’s Office, the Center for Prevention of Abuse, Blue Tower Training, Community Family Violence Coordinators, and the Illinois Department of Public Health. The purpose of the committee is to identify and develop resources to assist the courts, criminal justice systems, and communities in responding to the needs of victims with disabilities who experience sexual and/or domestic violence. During its brief tenure, the committee has conducted training statewide; selected, purchased and distributed materials statewide; worked with the Illinois Attorney General’s Office to reinforce the Court Disability Coordinators system; sent a collaborative team to a national conference for crime victims with disabilities; presented three workshops at the same national conference; trained all of the Family Violence Coordinators across the state and participated in the development of an Arrest Grant. Because of the successful application to the Office for Violence Against Women, the Committee was able to participate in a statewide process to develop a protocol for prosecutors as well as this protocol for Law Enforcement Officers in Illinois.

According to the U. S. Bureau of Justice Statistics, people with disabilities experience violence 1.5 times more often than people without disabilities. Other studies indicate that people with disabilities are three to ten times more likely to experience violence than people without disabilities. The offenders of violence against people with disabilities are usually someone known and trusted by the person, such as a family member or a paid service provider.

In spite of the prevalence of violence in the lives of people with disabilities, there is a glaring lack of reports and a general lack of victim services for the victim. For these reasons, the Responding to Victims with Disabilities Committee determined the need for protocols for law enforcement and for prosecutors.

**Acknowledgements**

The IFVCC would like to thank the Responding to Victims with Disabilities Committee who worked on the protocol:

Vernie Breuhler, IFVCC

Julie Boland, Center for Prevention of Abuse

Jason Johnson, Illinois Attorney General’s Office

Patti Morgan, Self-Advocate

Lois Mormon, Illinois Department on Aging

Shirley Paceley, Blue Tower Training

Teresa Sies, Self-Advocate

Mary Suggs, Self-advocate

Teresa Tudor, IDHS Domestic Violence and Sexual Assault Unit

IFVCC would also like to thank the following persons for their contributions:

Lieutenant Sherri Anderson, Illinois State Police

Hadley Ravencroft, PACE Center for Independent Living

Barry Portman, Lieutenant, Princeton Police Department

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| “I would talk to someone who would not judge me or treat me different because I have a disability. We are all people.” Illinois citizen |

**An important note about words**

This protocol is written with attention to respectful language. People First Language is used to denote that the person is more important than the diagnosis or label. For example, “a person who uses a wheelchair” or “a woman with cerebral palsy” is preferred over “a wheelchair user” or “the cerebral palsied woman”. It is also important to note the words we use to indicate that a person *has* a disability, rather than the person *is* a disability. For example, “She has an intellectual disability” is preferred over “She is intellectually disabled.”

Words not considered respectful include: handicapped, mentally retarded, crippled, palsied, ‘the disabled’, and any slang terms. In order to show respect and establish rapport with victims who have disabilities, these are important considerations to keep in mind. More information is provided in the attachments on language and sensitivity.

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| “I would want to talk with someone who is comfortable with my disability and sees me as strong. I won’t talk to someone who just focuses on my disability or someone who thinks I’m not intelligent because I use a wheelchair.” Illinois citizen |

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“I asked the Police Officer where his pen and paper were to take notes for the report…he said, ‘If he had a disability like yours (cerebral palsy, uses crutches, poor balance), then it does not matter.’ I checked later, and other than name, date and place of incident, no report was filed.” Survivor Testimonial

**INTRODUCTION**

**Needs Statement**

One of five persons will have a disability in their lifetime. Some people are born with disabilities, some acquire disabilities during their childhood years, and others experience disabilities related to accidents, disease, or aging. For many people, having a disability is a natural part of life. There are many different kinds of disabilities. Some disabilities are easy to see and some disabilities are not visible. Some disabilities affect the body; some affect the ability to learn and reason; some affect emotions and thoughts.

It is a fact that people with disabilities experience domestic and sexual violence more often than people without disabilities. It is also known that victims with disabilities rarely access victim services and most of the time, their offenders are not held accountable in the criminal justice system.

People with disabilities want a compassionate response to their experience, just like other victims. People with disabilities who experience sexual and/or domestic violence deserve justice as much as other victims. Sometimes incorrect assumptions and attitudes are a barrier to equal justice and sometimes lack of information and skills is the barrier. When these barriers are addressed, people with disabilities can have equal access to the criminal justice system and offenders can be held accountable.

Some people with disabilities will need accommodations to participate fully in the criminal justice system. An accommodation can be as simple as using plain language. Accommodations are individualized for the specific person and allow the person to access a facility, service, or activity that is available to others in the general public. There are community resources which can assist investigators and prosecutors in obtaining needed accommodations.

**Purpose of Protocol**

The purpose of this protocol is to effectively guide law enforcement in responding to domestic violence and sexual assault victims with disabilities through model guidelines, investigative procedures, and legal considerations. Implementation of the protocol will allow for successful partnering with prosecutors, advocates, and others in the criminal justice system in the response to victims with disabilities, and also ensure that the response follows legal mandates as well as current best practices.  **Law Enforcement response is critical** to assuring that victims with disabilities have equal access to the criminal justice system in a compassionate, proactive, individualized manner.

**Definitions and Criminal Statutes of Crimes**

Our first job is to understand what we are referring to when we say a person with a disability. The World Health Organization defines disabilities this way: “Disabilities are an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus, disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives.” According to this definition, the environment is a key feature and of critical importance.

The American Disabilities act (ADA) covers over 900 different disabilities and defines a person with a disability as:

*Any person with a physical or mental impairment that substantially limits one or more of an individual’s major life activities, including people with a record of impairment or who are regarded as having an impairment.*

Disabilities covered by the ADA include, but are not limited to:

1. Developmental disabilities (including intellectual disabilities, autism, cerebral palsy, epilepsy)
2. Traumatic brain injury
3. Severe physical disabilities (spinal cord injury, polio, spina bifida, etc.)
4. Psychiatric disabilities
5. Degenerative Brain Disorders
6. Deaf or hard of hearing
7. Blind or low vision

For purposes of this protocol, the following terms as listed by their Illinois Compiled Statutes citations apply to domestic violence and sexual assault of persons with disabilities:

**RELATED CRIMINAL OFFENSES (720 ILCS)**

Just like anyone else, a person who has a disability can be the victim of any crime known to the law. However, certain types of offenses are more likely to target people who have disabilities. Targeting people with disabilities may lead to classification as a hate crime. Set forth below are a number of offenses involving bodily harm, sexual abuse/assault, property damage or theft, and other offenses which may unfortunately be committed more frequently against people with disabilities, or for which the law provides different or enhanced penalties if committed against a person with a disability. Please note that while the quoted statutory sections may not use “People First” language, such language is the preferred manner of communicating with and about people who have disabilities.

**ACT 5. CRIMINAL CODE OF 1961**

ARTICLE 9. HOMICIDE

5/9-1 First Degree Murder

Section 5/9-1(b)(17) sets forth that it is an aggravating factor if “the murdered individual was a disabled person and the defendant knew or should have known that the murdered individual was disabled.” Prior to the repeal of the death penalty in Illinois, this factor in aggravation could result in the imposition of a sentence of death.

5/9-3.3 Drug-Induced Homicide

ARTICLE 10. KIDNAPPING AND RELATED OFFENSES

5/10-1 Kidnapping

Section 10-1(b) provides that “a severely or profoundly intellectually disabled person” is confined against his or her will for purposes of this statute if such confinement is without the consent of such person’s parent or guardian.

5/10-2 Aggravated Kidnapping

Section 10-2(a)(2) elevates a kidnapping offense from a Class 2 Felony under Section 10-1 to a Class X Felony if a person commits the offense of kidnapping and “takes as his or her victim ... a severely or profoundly intellectually disabled person.”

5/10-3 Unlawful Restraint

5/10-5 Child Abduction

ARTICLE 11. SEX OFFENSES

5/11-1.20 Criminal Sexual Assault

Section 11-1.20(a)(2) provides that a person commits the offense of Criminal Sexual Assault if that person “commits an act of sexual penetration and ... knows that the victim is unable to understand the nature of the act or is unable to give knowing consent.”

5/11-1.30 Aggravated Criminal Sexual Assault

The offense of Criminal Sexual Assault is elevated from a Class 1 Felony under Section 11-1.20 to a Class X Felony if, under Section 11-1.30(a)(6) “the victim is a physically handicapped person” **or** under Section 11-1.30(c) “a person commits an act of sexual penetration with a victim who is a severely or profoundly intellectually disabled retarded person.”

5/11-1.40 Predatory Criminal Sexual Assault of a Child

5/11-1.50 Criminal Sexual Abuse

Section 11-1.50(a)(2) provides that a person commits the offense of Criminal Sexual Abuse if that person “commits an act of sexual conduct and knows that the victim is unable to understand the nature of the act or is unable to give knowing consent.”

5/11-1.60 Aggravated Criminal Sexual Abuse

The offense of Criminal Sexual Abuse is elevated from a Class A Misdemeanor or Class 4 Felony under Section 11-1.50 to a Class 2 Felony if, under Section 11-1.60(a)(4) “the victim is a physically handicapped person” **or** under Section 11-1.60(e) “a person commits an act of sexual conduct with a victim who is a severely or profoundly intellectually disabled retarded person.”

5/11-6 Indecent Solicitation of a Child

5/11-9.1 Sexual Exploitation of a Child

5/11-9.1A Permitting Sexual Abuse of a Child

5/11-9.5 Sexual Misconduct with a Person with a Disability

Provides that it is a Class 3 Felony Offense for an employee or contractual agent of the Department of Human Services or a community agency funded by DHS to engage in an act of sexual conduct or sexual penetration with “a person with a disability who is under the care and custody of the Department of Human Services at a State-operated facility; or ...who is in a residential program operated or supervised by a community agency.”

5/11-11 Sexual Relations within Families

5/11-14.4 Promoting Juvenile Prostitution

Provides that it is a Class 1 Felony where a person “advances prostitution as defined in Section 11-0.1, where the minor engaged in prostitution, or any person engaged in prostitution in the place, is under 18 years of age or is severely or profoundly mentally retarded at the time of the offense” (Subsection (a)(1)) or “profits from prostitution by any means where the prostituted person is under 18 years of age or is severely or profoundly mentally retarded at the time of the offense” (Subsection (a)(2)). If the child or “profoundly mentally retarded” person is confined against his/her will by force or by threat of force, Subsection (a)(4) elevates this offense to a Class X Felony with an extended sentencing range of 6-60 years in the Department of Corrections.

5/11-18.1 Patronizing a Minor Engaged in Juvenile Prostitution

Despite the name of this offense, the provisions of this statute apply equally if the person commits the acts described with a “severely or profoundly mentally retarded person” as if the acts had been committed with a person under the age of 18.

5/11-20.1 Child Pornography

Despite the name of this offense, the provisions of this statute apply equally if the person commits the acts described with a “severely or profoundly mentally retarded person” as if the acts had been committed with a person under the age of 18. Please note that the language regarding “severely or profoundly mentally retarded” persons is **not** included in Section 11-20.1B, pertaining to the offense of Aggravated Child Pornography.

ARTICLE 12. BODILY HARM

5/12-1 Assault

5/12-2 Aggravated Assault

The offense of Assault is elevated from a Class C Misdemeanor under Section 12-1 to a Class A Misdemeanor under Section 12-2(b)(1) if the victim is a physically handicapped person.

5/12-3 Battery

5/12-3.05 Aggravated Battery

The offense of Battery is elevated from a Class A Misdemeanor under Section 12-3 to a Class 3 Felony under Section 12-3.05(b)(2) if the defendant causes “bodily harm or disability or disfigurement” to any “severely or profoundly mentally retarded person.” In cases of “great bodily harm or permanent disability or disfigurement” to such victims, the offense is further elevated by Section 12-3.05(b)(1) to a Class X Felony, with yet further sentencing enhancements if a firearm is used in the commission of the offense.

The offense of Battery is elevated from a Class A Misdemeanor under Section 12-3 to a Class 3 Felony under Section 12-3.05(d)(2) if the victim is pregnant or physically handicapped.

5/12-3.2 Domestic Battery

5/12-3.3 Aggravated Domestic Battery

5/12-3.4 Violation of an Order of Protection

5/12-4.4a Abuse or Criminal Neglect of a Long Term Care Facility Resident; Criminal Abuse or Neglect of an Elderly Person or Person With a Disability

Provides that it is a Class 3 Felony for certain specified types of caregivers (see statute for definitions) to endanger the life or health of a resident of a long-term care facility, elderly person, or person with a disability, or to perform acts causing such person’s pre-existing mental or physical condition to deteriorate, or to fail to perform acts necessary to maintain or preserve the life or health of such person, or abandons such person.

With regard specifically to elderly persons or persons with disabilities, one who “physically abuses, harasses, intimidates, or interferes with the personal liberty of the person” (Subsection (b)(1)(D)) or “exposes the person to willful deprivation” (Subsection (b)(1)(e)) also commits this offense.

If commission of this offense results in the death of the victim, the offense is elevated to a Class 2 Felony, for which a prison sentence of not less than three years nor more than 14 years must be imposed (Subsections (d)(1) and (d)(2)).

5/12-6 Intimidation

5/12-7.1 Hate Crime

This statute elevates a number of specified misdemeanor offenses to Class 4 Felony offenses (or Class 2 Felony for second and subsequent offenses) if the offense is committed “by reason of the actual or perceived race, color, creed, religion, ancestry, gender, sexual orientation, *physical or mental disability*, or national origin of another individual...” (emphasis added).

5/12-7.2 Educational Intimidation

Provides that it is a Class C Misdemeanor for one to interfere with the right of any child who is or is believed to be afflicted with a “chronic infectious disease” to attend or participate in schools by various specified means.

5/12-7.3 Stalking

5/12-7.4 Aggravated Stalking

5/12-7.5 Cyberstalking

5/12-11 Home Invasion

5/12-11.1 Vehicular Invasion

5/12-21.5 Child Abandonment

Section 12-21.5(b)(3) provides that, for purposes of determining “whether the child was left without regard for the mental or physical health, safety, or welfare of that child,” one factor to be considered is the “special needs of the child, including whether the child is physically or mentally handicapped, or otherwise in need of ongoing prescribed medical treatment such as periodic doses of insulin or other medications.”

5/12-21.6 Endangering the Life or Health of a Child

5/12-34.5 Inducement to Commit Suicide

ARTICLE 16. THEFT AND RELATED OFFENSES

5/16-1 Theft

5/16-30 Identity Theft

Subsection 16-30(b)(1) provides that a person who commits the offense of Identity Theft against a person with a disability commits Aggravated Identity Theft. The precise classification of this offense varies based on the amount of financial loss to the victim and the prior record of the offender, but Aggravated Identity Theft is generally one class of offense higher than an Identity Theft with otherwise similar factual circumstances.

ARTICLE 17. DECEPTION AND FRAUD

5/17-56 Financial Exploitation of an Elderly Person or a Person with a Disability

Provides that a person who “stands in a position of trust or confidence” with an elderly person or person with a disability and by deception or intimidation obtains control over his or her property commits a felony offense. The precise classification of the offense varies based on the amount of financial loss to the victim, and, in the case of an elderly person, on the actual age of the victim.

ARTICLE 18. ROBBERY

5/18-1 Robbery

The offense of Robbery is elevated from a Class 2 Felony offense under this Section to a Class 1 Felony offense if the victim is a physically handicapped person.

5/18-2 Armed Robbery

5/18-3 Vehicular Hijacking

5/18-4 Aggravated Vehicular Hijacking

The offense of Vehicular Hijacking is elevated from a Class 1 Felony under Section 18-3 to a Class X Felony under Section 18-4(a)(1) if the person from whose physical presence the motor vehicle is taken is a physically handicapped person.

5/18-5 Aggravated Robbery

ARTICLE 19. BURGLARY

5/19-1 Burglary

5/19-3 Residential Burglary

5/19-4 Criminal Trespass to Residence

ARTICLE 20. ARSON

5/20-1 Arson

5/20-1.2 Residential Arson

ARTICLE 21. DAMAGE AND TRESPASS TO PROPERTY

5/21-1 Criminal Damage to Property

5/21-2 Criminal Trespass to Vehicles

5/21-3 Criminal Trespass to Real Property

ARTICLE 21.2 INTERFERENCE WITH A PUBLIC INSTITUTION OF EDUCATION

5/21.2-2 Interference With Public Institution of Higher Education

ARTICLE 25. MOB ACTION AND RELATED OFFENSES

5/25-1 Mob Action

ARTICLE 26. DISORDERLY CONDUCT

5/26-1 Disorderly Conduct

Section 26-1(a)(8) provides that a person who transmits or causes to be transmitted a false report to the Department of Public Health under the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act, or the ID/DD Community Care Act commits a Class B Misdemeanor.

5/26-4 Unauthorized Video Recording and Live Video Transmission

**ACT 130. NEGLECTED CHILDREN OFFENSE ACT**

130/2 Contributing to Dependency or Neglect of Child

**ACT 135. HARASSING AND OBSCENE COMMUNICATIONS ACT**

135/1-1 Harassment by Telephone

135/1-2 Harassment by Electronic Communications

**Illinois Rules of Evidence, Rule 803, Hearsay Exceptions:  Excited Utterance**

A statement relating to a startling event or condition made while the declarant was under the stress of excitement caused by the event or condition. (This excited utterance is admissible for its truth.)

As for witness competence, there is no state statute that defines who is competent as witness. It is on a case by case basis and depends on the witness’ ability to observe, remember, and relate information.

**PROTOCOL GUIDELINES**

The purpose of these model guidelines is to encourage a uniform approach for effective responses to people with disabilities who experience violent crimes. The guidelines apply to domestic violence and sexually violent offenses committed against a person with a disability in Illinois, per the Americans with Disabilities Act definition (See Attachments). These guidelines demonstrate law enforcement’s commitment to facilitate understanding of and trust with the victim and to pursue a multi-agency approach in reporting, investigating, and prosecuting violent crimes against people with disabilities.

**Policy Statement**

It is a mandated policy for law enforcement entities to treat violent crimes against people with disabilities as a high priority and to respond both professionally and compassionately to victims with disabilities. In addition, it is mandated for law enforcement entities to ensure that:

1. Reports of domestic violence and sexual assault of people with disabilities be fully investigated regardless of the type of disability the victim has and regardless of the relationship between the victim and the suspect(s).
2. Reports of domestic violence and sexual assault of people with disabilities be fully investigated whether or not the officer thinks the victim can or will testify.
3. Officers treat all persons with disabilities with dignity and respect - including the person’s right to self-determination. Self-determination is a person’s right to make his or her own decisions, including the right to privacy and to refuse well-intended interventions.
4. Immediate, effective assistance and protection to victims with disabilities be provided and appropriate action against offenders is taken. Further, the implementation of these solutions should not result in increased risk to the victim and should not exacerbate the situation.
5. Officers shall seek to determine needed accommodations/resources for victims with disabilities to ensure the victim has equal access to the investigative process.
6. Officers, in an effort to improve their response to victims with disabilities, participate in coordinated efforts with other appropriate agencies, including criminal justice, prosecutors, victim services, disability service organizations, and abuse/neglect investigative entities.
7. Document the type and extent of the victim’s disability to help in determining the appropriate charge level as well as possible accommodations/supports necessary for equal access to the criminal justice system.
8. Officers shall expeditiously provide reports to partner agencies when an incident is confirmed as abuse, neglect, or financial exploitation (including non-criminal acts) to the appropriate state reporting entity for people with disabilities (i.e., IDHS OIG or IDPH. See….).

**Policy Components**

In order to achieve an effective response to violent crime victims with disabilities, law enforcement agencies will use the model investigative procedures and promote the following goals and responsibilities:

**Interagency Cooperation**

Interagency cooperation is a goal that requires a teamwork approach. Coordination of effort from law enforcement, prosecutors, disability organizations, medical personnel, judicial entities, and victim advocacy groups is necessary for a thorough response to a person with a disability who experiences a violent crime.

**Training**

In order to successfully respond to victims of sexual assault and domestic violence who have disabilities, training is needed to assure that law enforcement personnel have the knowledge, skills, and tools needed. Training will include:

* laws impacting the response to victims with disabilities
* myths and facts about people with disabilities
* attitudes about people with disabilities
* language and sensitivity
* the Americans with Disabilities Act
* indicators of violence in the lives of people with disabilities
* offender characteristics
* risk factors
* interviewing techniques; i.e., victim interviewing vs. offender interviewing
* investigative strategies
* evidence collection
* and joint investigation procedures with state investigative entities (i.e., DHS – OIG and IDPH)
* Trauma training

Like any profession, continuing education is critical for the development of expertise. Law enforcement, tenured and recruits will participate in ongoing education opportunities.

**Communications Personnel**

The communications personnel will solicit information from callers to:

* determine the facts of the report
* the condition of the victim
* needs of the victim
* location of the reported offender
* explain the law enforcement response to the caller
* provide referral information when applicable

The Communications Personnel will also initiate the call to law enforcement and communicate the following to the responding officer:

* location of the victim
* facts of the report
* needs of the victim
* if emergency medical responders have been called
* location of the reported offender
* any requested or identified unique needs of the victim (e.g., for communication, mobility, etc.)

**Documentation**

**The report from Law Enforcement is vital to the Prosecutor.** The statutory requirements necessary to charge offenses where the victim has a disability differ from one crime to the next and makes charging decisions difficult. The Officers should document their observations of the victim including speech, mobility, adaptive equipment, and any atypical behaviors. The officer should also document any support needs that the victim asks for or are apparent. In working with family members, community disability organizations, victim services, Adult Protective Service, and/or social service agencies, the officer may obtain other needed information related to the victim’s disability (e.g., diagnosis, support needs). This information should be documented in the initial and subsequent reports so it is available to Prosecutors.

Due to the effects of trauma on memory, the initial report of a critical incident should be verbal and titled as a “preliminary” report. The “supplemental” report should be completed after the victim has completed a sleep cycle and the final report after the victim has completed a second sleep cycle when memory and information is more complete (Archambault and Lonsway, 2008). This is especially important in sexual assault cases.

**MODEL INVESTIGATIVE PROCEDURES**

**Response Procedures**

**Pre-investigation**

The officer will:

1. Know the prosecution standards set by the State’s Attorney’s office for accepting criminal cases against persons with disabilities.
2. Maintain on-going collaborative commitment to working with all agencies responding to crimes against persons with disabilities.
3. Understand the role of police work in responding to crimes against persons with disabilities.
4. Understand the role of sexual assault, domestic violence, and disability service agencies in supporting victims with disabilities. Rape Crisis Centers in Illinois have successfully been trained to work with people with disabilities.

In order to have a successful interview, the officer must establish rapport and respectful communication with the victim. A key element of this is approaching the individual with the framework of presumed competence. Presumed competence means the officer would presume the victim is able to participate in an interview and the criminal justice process. When possible, the officer will want to gather some initial information before interviewing the person:

1. Determine if the victim has any kind of disability. (e.g., did the person attend Special Education classes in school? Does the person participate in services with a disability organization?).
2. Find out how this disability *may* affect the interview process; each person is unique so further information will be gathered when you meet the person.
3. Determine if the victim uses any adaptive equipment, such as a hearing aid, crutches or a wheelchair?
4. Determine if the victim has any attention difficulties.
5. Determine how the victim best communicates their wants and needs.
6. Determine what makes it easiest for the victim to understand what others communicate.
7. Assure the setting for the interview is accessible to the victim.
8. Arrange for a victim advocate to be present to support the victim, if possible.

While reviewing information from the report may assist in preparing or making arrangements for the investigative interview, asking the victim with a disability about how you can best work together is essential. The person with the disability is the expert on their situation.

**Law Enforcement’s Responsibilities**

The responding officer will:

1. Safely and quickly respond to the complaint.
2. Assure necessary accommodations needed by the individual to participate in the investigative process.
3. Ensure the safety of the victim; if assistance is needed, notify the appropriate medical, law enforcement, or social service personnel. In cases of suspected abuse, neglect, or financial exploitation, submit a report to the entity authorized to investigate for persons with disabilities.
4. Create a safe and non-judgmental environment that encourages honesty and sharing. Allow the victim to share what happened to them before asking for a lot of details
5. The preliminary victim interview only needs to establish the following: Establish that the elements of a violent crime are met; Evaluate the need for a forensic examination; Identify the crime scene and any related evidence, witnesses, and the suspect(s); and establish the identity of the suspect, and contact information, if known.
6. Conduct a thorough preliminary investigation including: victim, suspects, and witnesses identification; identify and preserve the crime scene; inform the victim what will be expected of them in the investigation, i.e., hospital, evidence collection, in-depth interview, etc.
7. Conduct an in-depth interview with the victim after he/she has completed 2 sleep cycles, eaten and gotten some initial support. This is especially important in sexual assault cases which may impact the memory significantly until the victim has had 2 sleep cycles.
8. Comprehensively explain to victims and witnesses their rights under the Rights of Crime Victims and Witnesses Act and the Crime Victims Compensation Act. It is helpful to have copies of a Victims’ Rights Card in large print and Braille for victims who have low vision or blindness.
9. Reduce the number of investigators that have contact with the victim. It may take a while to establish trust and open communication.
10. Complete the necessary reports, secure evidence, and ensure departmental notifications are made. Further, ensure information is provided to the officer/investigator who may be assigned to the case.

**Mandated/Required Reporting**

**Where to Report Abuse of People with Disabilities**

There are three primary agencies with responsibility to receive and investigate allegations of abuse, neglect and exploitation, depending on where the person resides and/or receives services.

1. For individuals with mental illness and/or developmental disabilities who reside in state-funded community settings or facilities, the Illinois Department of Human Services Office of the Inspector General is designated to receive reports and investigate abuse, neglect and exploitation. Examples of community services would include Psychosocial Rehabilitation Services, Developmental Training Program or CILA services. In general, if a person receives services from a behavioral health, mental health or developmental disability organizations, reports go to OIG at 1-800- 368-1463.
2. For individuals with disabilities who reside in domestic settings (e.g., with family members), the Illinois Department on Aging is the reporting and investigative entity. Effective July 1, 2013, the hotline number to call is 1-866-800-1409 and the TTY is 1-888-206-1327.
3. For individuals who reside in long term care facilities (e.g., Intermediate Care Facilities), the Illinois Department of Public Health (IDPH) is the reporting and investigative entity. IDPH receives reports at 1-800-252-4343.

**Responsibility to Report—Law Enforcement to State Disability Investigators**

Even if the investigating officer does not believe the evidence rises to the level of a crime, a report must still be made to the designated state disability investigative organization. The level of evidence required of the state disability investigative organization to substantiate abuse is generally less than that of a crime.

Law enforcement is mandated to report all allegations of abuse, neglect, or financial exploitation of individuals with disabilities to the designated agency with statutory responsibility to receive and investigate such allegations. This does not relieve law enforcement’s responsibility to investigate the complaint to determine if criminal violations have occurred.

**Responsibility to Report—State Disability Investigators to Law Enforcement**

Office of the Inspector General is to report criminal acts within 24 hours after determining that there may be credible evidence indicating that a criminal act may have been committed or that special expertise may be required in an investigation. The Inspector General shall notify the Department of State Police or other appropriate law enforcement authority, or ensure that such notification is made. The Department of State Police shall investigate any report from a State-operated facility indicating a possible murder, sexual assault, or other felony by an employee. All investigations conducted by the Inspector General shall be conducted in a manner designed to ensure the preservation of evidence for possible use in a criminal prosecution.

For individuals living in the community, not in a licensed setting, the Adult Protective Services provider agency’s case worker will consult with the program supervisor, inform the individual that a criminal act may have been committed and immediately report the evidence of crime(s) to law enforcement. The APS provider agency will provide law enforcement agency with case records in the investigation, upon request, with the exception of the reporter’s identity. When an APS provider agency has reason to believe that the death of an individual may be the result of abuse or neglect, the agency must promptly report the matter to both law enforcement and the coroner or medical examiner.

The Illinois Department of Public Health is to report criminal acts within 24 hours after determining that there may be credible evidence indicating that a criminal act may have been committed or that special expertise may be required in an investigation. The Department of Public Health shall notify the Department of State Police or other appropriate law enforcement authority, or ensure that such notification is made. The Department of State Police shall investigate any report from a State-operated facility indicating a possible murder, sexual assault, or other felony by an employee. All investigations conducted by the Department of Public Health shall be conducted in a manner designed to ensure the preservation of evidence for possible use in a criminal prosecution.

**Evidence Collection**

A good investigation is a key to a successful prosecution and gathering evidence can prove a crime was committed with or without a participating victim. The following steps shall be taken:

1. Locate and interview ALL potential witnesses. Always interview the victim and document the interview in detail.
2. Assess and preserve the crime scene as in any other investigation.
3. Identify all possible evidence, depending on the nature of the crime, and conduct a thorough evidence search. Secure 911 tape when applicable and any facility log sheets. Photograph and/or videotape crime scene, when indicated. A Crime Scene Investigator (CSI) may be requested.
4. Complete the necessary reports, including documents to transfer evidence, and transfer information for the follow-up investigation, if applicable.
5. In situations where there may be physical evidence on the victim’s mobility device or communication equipment, the device/equipment will need to be processed and returned to the victim quickly. It is imperative to have a discussion with the victim to determine if the device/equipment can be easily exchanged or if the victim needs to leave with the device/equipment. If the device/equipment is standard issue, it may be possible to obtain a replacement for the person by contacting the community Center for Independent Living or a medical supply company. Some devices/equipment are needed for daily survival and should never be confiscated. It may be necessary to contact the State Police Crime Scene Technicians if more resources are needed to collect the evidence from a victim’s device/equipment.
6. In domestic and sexual violence investigations, it is essential to establish/explore course of conduct which includes Pre-Assault behavior, Violent Incident and Post-Assault behavior. Documentation of pre-assault behavior might include the isolation of the victim, manipulation, threatening or grooming behavior or forced compliance. Documentation surrounding the violent incident includes description of behaviors and/or statements which indicate no consent, i.e. victim cried, closed eyes, tightly held legs together, laid still throughout the assault. In other words, documentation describing how the victim said “no.” Post-assault behavior includes indicators which may present immediately following the assault as well as those occurring days, weeks or months later. Reports from the victim, family members and friends demonstrating changes in the victim’s behavior, such as, can’t sleep, weight gain/loss, not attending work or school, putting locks on the door, afraid to answer telephone or door or moving is critical evidence that prosecutors can use in establishing lack of consent. Think about these changes in behavior, do they speak to consensual sex or a non-abusive relationship?

**In sexual assault investigations it is important that officers be aware of the following:**

In Illinois, individuals with Guardians have the right to consent to the sexual assault forensic examination. If the physician determines the individual does not have ‘decisional capacity’ to consent, the investigating law enforcement officer **may** be asked to provide consent. (See [§70/5(b)](http://www.icasa.org/docs/legislation/saseta%20-%20access%20to%20healthcare.pdf%20) of the Sexual Assault Survivors Emergency Treatment Act (SASETA), 410 ILCS 70/1, *et seq.)*  Of course, an exam would never occur if the individual expressed they did not want the exam, or resisted or refused the procedure.

Some victims with disabilities require a different position for the sexual assault forensic exam to be completed. The victim knows their body best and can usually direct the nurse about what position adjustments and assistance are necessary.

Victims of sexual assault may have impaired memory immediately following the sexual assault. Research indicates that the person can provide more detailed and complete information after two sleep cycles and some other self-care.

**If the victim lives in a group home, institution, or participates in a day program, here are some evidence collection tips:**

* It is typically not recommended that a staff member sit in on a victim interview - the staff member may be someone the victim is not comfortable speaking openly in front of, the staff person may interject their own opinions and ideas influencing the victim, or the staff member could defend the suspect (or possibly be the suspect).
* Explain to the staff that the victim must be interviewed alone to ensure an interview that will hold up in court.
* Ask the facility about any sign-in and sign-out procedures/logs for the persons receiving services.
* Ask about any ‘staff logs’ or ‘communication logs’ that might be in use.
* Review progress notes about the victim for supporting documents referencing the incident and secure relevant documents.
* Many group homes, institutions, hospitals and residential settings have procedures to document that all individuals have been accounted for at specified time frames (often called ‘rounds’). Ask for documentation of these activities.
* Some sites have video camera surveillance so video footage may be available. If so, secure tapes immediately.
* Some residential programs have a procedure to conduct and document a body search when someone has been away from the facility. Verify if this is a procedure that is in place and request these documents.
* Most organizations document known injuries to an individual. An Injury Report Form typically describes what happened and includes a front and back picture of a body to mark the location of any physical complaints/injuries. Obtain these documents.
* It may be helpful to see work schedules and/or time sheets for employees to determine suspect and witness locations.
* Some agencies have visitor logs which can have valuable information.
* It can be helpful to interview other individuals served by the organization/facility that the alleged offender had access to in an attempt to identify other possible victims or MO (modus operandi).
* If the offender is a staff member, ask about training standards, records, and certifications.
* Follow-up with individual staff members later to clarify their previous statement and to ascertain if they recalled anything further. If a staff member states they do not believe the victim and that the victim is a liar, proceed with the investigation anyway. Why? People with a reputation for telling lies are at increased risk to be victimized and/or the staff member may be part of a cover-up; concerned about liability, be the perpetrator, etc.

**Continuing Investigation**

1. Respect and protect the confidentiality and the wishes of the victim regarding the notification and participation of others throughout the investigation.
2. Keep the victim informed about the investigation, arrest status, etc.
3. Consult with the responding officer and any evidence collectors.
4. Determine the elements of the crime to prove due to individual having a disability.
5. Conduct in-depth interviews with the victim, offender, and witnesses. Ensure effective contact information is received for follow-up interaction with victim, offender, and witnesses, as needed.
6. Ensure that all evidence has been identified, collected, properly stored, and processed from the crime scene, the victim, the offender, and other sources.
7. Ensure the victim has been referred to chosen disability organization or social service provider. or support services, as needed.
8. Conduct a joint investigation with the Adult Protective Services organization which has jurisdiction over the case.
9. Complete and forward the necessary reports to the State’s Attorney’s office or appropriate prosecutor.

**Arrest**

An officer will arrest without warrant when probable cause exists. If the offender is also the victim’s caregiver, alternative care arrangements must be made prior to removing the caregiver in all but the most extreme cases.

**Joint Investigations**

In situations where it is suspected that a crime has been committed against a person with a disability, the state investigative entity (OIG or DPH) will discuss whether a joint intervention is appropriate.

The primary purpose of a joint intervention is to provide protection to the victim and to utilize law enforcement options that may be available. Remember to be flexible and to take into consideration the preferences of the victim. Each situation is unique, therefore, the joint approach will vary depending on the circumstances of the situation.

To ensure a successful outcome, law enforcement agencies and state investigative entities for people with disabilities agree to work cooperatively and to develop strategies in accordance with their respective roles. If a joint response is determined appropriate, the following guidelines will be followed:

* The investigative entity and law enforcement shall discuss the referral or incident information and determine what role each will play in the investigation. Information will be shared in accordance with confidentiality requirements of both agencies to facilitate the investigation. Decisions will be made on who will be contacted (referral sources, victim, alleged perpetrator), and where contacts will occur (home, office, police station, other protected setting).
* Law enforcement staff will determine whether a crime has been committed against the person with a disability. They will preserve the crime scene (which may include photographing evidence, injuries or conditions), obtain preliminary statements of the victim and witnesses and identify specific violations.
* Investigative findings will be shared across entities.
* The police may request that the investigative entity temporarily suspend their active review until the completion of the criminal investigation; In this situation, the police will advise the investigative entity when they may continue their investigation.

**ATTACHMENTS**

**Communication Tips**

**Communicating with people with various kinds of disabilities**

Factors that influence communication:

1. Following a trauma, it may be more difficult for a person to follow what is being said and to speak.
2. A person’s ability to communicate what happened to them is not necessarily related to cognitive understanding or truth-telling.
3. It is easier for a victim to communicate what happened to them when speaking with someone they trust.
4. Some people communicate in nontraditional ways or ways that are not easy for us to understand; however, they can still communicate if we take the time to understand.
5. Some people can understand what is said; however, have difficulty expressing what they want to say.
6. We all have different ways of understanding others and expressing ourselves. Attempt to use multiple means of communication to increase the likelihood of being understood.
7. Some disabilities can impact how a person responds under stress. Do not be misled or misinterpret a person’s affect.

**THE TEN COMMANDMENTS: Etiquette for Communicating with People with Disabilities**

\*The Ten Commandments adapted from many sources as a public service by Karen Meyer, ADA National Center for Access Unlimited.

You may not always be aware that a person has a disability and the ten tips above are helpful in communicating with anyone.

1. When talking with a person with a disability, speak directly facing that person rather than through a companion or sign language interpreter who might be present. *Even if you think that a person cannot understand or respond to you, it is rude to talk* ***through*** *someone else.*
2. When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use, or who wear an artificial limb, can usually shake hands. Using the left hand to shake hands is also an acceptable greeting.
3. When meeting a person with a visual impairment always identify yourself and oth­ers who may be with you. When conversing in a group, remember to identify the person to whom you are speaking as well as yourself.
4. If you offer assistance, wait until the offer is accepted. Then listen or ask for instruc­tions. Do not be offended if the offer is not accepted.
5. Treat adults as adults. Address people who have disabilities by their first name only when extending the same familiarity to all others present. Never patronize people who use wheelchairs by patting them on the head or shoulder.
6. Leaning or hanging on a person's wheelchair is similar to leaning or hanging on a person and is generally considered annoying. The chair is part of the personal body space of the person who uses it.
7. Listen attentively when you are talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask short questions that require short answers, a nod or a shake of the head. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond. The response will clue you in and guide your understanding.
8. When speaking with a person in a wheelchair or a person who uses crutches, place yourself at eye level in front of the person to facilitate the conversation.
9. To get the attention of a person who is hearing impaired, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly, slowly and expressively to establish if the person can read your lips. Not all people with a hearing impairment can lip read. For those who do lip read, be sensitive to their needs by placing yourself facing the light source and keeping hands, cigarettes and food away from your mouth while speaking.
10. Relax. Do not be embarrassed if you happen to use accepted, common expres­sions such as, "See you later," or "Did you hear about this?," that seem related to the person's disability.

**What to do if you can’t understand what someone is saying?**

|  |
| --- |
| “Don’t pretend you understand me. I can tell. Respect me enough to tell me the truth.” Illinois Self-Advocate |

* Listen closely; you will get better with practice.
* It is okay to ask them to repeat it. You can say, “Can you say that again?” or “I really want to make sure I understand. Tell me that again.”
* You can repeat the words that you do understand in a questioning tone and the person will most likely fill in the blanks.
* If possible, ask them to show you. They may be able to point or take you to what they are talking about.
* If you continue to have trouble understanding, you can ask the person to draw, write or spell.
* Use pictures or other Augmentative Alternative Communication (AAC).
* Don’t pretend you understand when you don’t. This is dishonest. People can tell if you pretend and will feel patronized.
* If necessary, create a yes/no communication.

Communication tips that may be helpful in communicating with someone with an **intellectual disability**:

* Create a safe environment with limited distractions.
* Pleasantly introduce yourself. If you are wearing a uniform, tell the person they are not in trouble and that you are there to help them.
* Allow plenty of time for the interview. It may take more time than in typical interviews to gather the information.
* It is okay to say something like this: “Sometimes I use words that are hard for people to understand. If I say something you don’t understand, please tell me.”
* The victim may be eager to please you so do not ask leading questions. Open-ended questions are preferred. Sometimes multiple-choice questions work well but notice if there is a pattern of always restating the last option. If so, another approach will be needed.
* Give the person plenty of time to respond. It may take a few seconds for the person to process what you said and to formulate their reply.
* Use concrete words when possible; such as things that can be seen, touched, or heard.
* If the person tells you something that seems inconsistent with their story, consider the possibility that they may have misinterpreted your question.
* If the person has difficulty with dates and times, ask questions related to their schedule or activities and darkness/light outside.
* If the person has difficulty naming a specific location, see if they can show you the location.
* Questions that begin with who, what and where will be easier for people to answer than how or why questions.
* If the person does not respond well to general questions, ask more specific questions. For example, instead of “What did the car look like?” Ask, “What color was the car?” Or show picture with different colors and have the person point to the correct answer.
* Use plain language and simple sentences.
* Break down key concepts so they are more easily understood.
* If you are unsure if a person understands what you said, you can ask them to repeat it using their own words.
* Ask same question in different ways, but tell the person, “If I ask you the same question, it doesn’t mean you gave the wrong answer. It’s because I want to make sure I understand.”
* Avoid sarcasm, clichés, and words with multiple meanings.
* Use pictures of the person’s home, location of the crime, etc. to aid in communication.
* Ask the person to define what key words mean to them.

Communication tips that may be helpful in communicating with someone who has **autism**:

* Plan a time for the interview when time is not a factor for you or the victim.
* Prepare a quiet location with few distractions. Reduce lights and sounds as possible.
* Do not touch the person. The person may be sensitive to touch. Touch may actually cause the person pain. If you need to guide them to do something, gestures combined with verbal instruction will be more effective.
* Approach the person in a calm manner. Introduce yourself and extend your hand. Do not be concerned if the person does not extend their hand in return.
* Do not approach the person from behind.
* Speak with a calm voice using direct, concrete terms with one response or concept per question or statement.
* Explain your actions before you do anything. For example, “I am going to stand up now.”
* The person may prefer writing back and forth, at least until they feel more comfortable with you. Ask if this would be helpful.
* The person may not respond to verbal questions or requests. Be reassuring. Try again.
* The person may not be able to speak and might even appear to be deaf because of lack of response. Determine their primary mode of communication.
* Allow plenty of time for the person to respond. Be patient.
* Ask a family member, teacher or support person if there is a favorite object that makes the person feel safe.
* Avoid using sarcasm, cliques, acronyms or words with multiple meanings. Many people with autism are very literal. If you ask a person “Can you tell me what happened?” They may answer “Yes”, but not answer your question due to the ‘can you?” being asked.
* The person might repeat what you say or repeat the same word or phrase over and over, or change the subject. This is common and is the person’s sincere attempt to communicate with you; it is not rudeness.
* The person may express themselves with an unusual tone of voice and/or look at you from an odd angle. This is also common and not meant to be disrespectful.
* The person may not understand social norms or the seriousness of the situation. Do not focus on the behavior you feel is unusual; let the person know you want them to be safe. Proceed with the investigation.
* If you have to transport a person with Autism, do not use sirens or lights.
* If the person is displaying repetitive behaviors, it may be to help them calm down. Do not try to stop them or take objects away from them unless there is a danger to self or others.
* Be prepared for sudden outbursts or impulsive behavior. If no one is at risk of harm, wait for the behavior to subside and then calmly continue.
* Some people with Autism do not express physical pain; the victim may need to be checked for injuries.

Communication tips that may be helpful in communicating with someone who has a **mental illness**:

* Do not touch the person or stand too close to the person.
* Do not talk down or raise your voice
* Avoid sudden movements
* Show interest and concern
* Avoid dramatic facial expression
* If a person is confused, speak slowly and in a clam, pleasant tone of voice
* If a person seems agitated, offer them a quiet space away from any confusion or shift the conversation to a safer topic
* Avoid multiple instructions and give one piece of information at a time
* Be empathetic. Let the person know you heard them and are there to help.
* In the person is talking non-stop, interrupt with a simple question.
* Do not argue or try to prove a point. If a person is experiencing delusions or hallucinations, understand that these are very real to the person.
* Do not agree or disagree with delusions; empathize with the person’s feelings.
* If the person is having difficulty with hallucinations or delusions, ask “What has helped you in the past when you felt this way?”
* Avoid whispering, joking and laughing as this may be misinterpreted by someone with a mental illness.
* Be honest about what you can and can’t do.
* Do not take the person’s words or actions personally.

Communication tips that may be helpful in communicating with someone who has **low vision or no vision**:

Presume competence. People with little or no vision can still have a lot of information about what happened to them.

* Use your words to describe the important parts of the environment. Describe any other people in the room and have them speak; describe furniture in the room; state whether the door is open or closed, etc.
* If the person has a guide dog, do not touch the dog or attempt to communicate with it in anyway. Guide dogs are working and should not be distracted (just like police dogs).
* If the person needs to be guided somewhere, let the person hold your elbow to lead them. Tell them of any obstacles, change in floor surface, steps, doorways, water fountains, etc.
* Let the person know what you are doing at all times.
* Paperwork and forms should be offered in alternate formats. Ask the person what their preference is.
* Large print documents should be at least 18 font in Arial or Tahoma font. Printed materials need to have contrast between the print and the background for people with low vision.
* Most people with little or no vision can sign their names. Many people use signature guides and some may ask you to show them the area to sign by guiding their hand.
* If the person needs to be contacted after the interview, ask the person the best way to reach them. Many people with little or no vision have programs on their computers which read emails and documents to them.

Communication tips that may be helpful in communicating with someone who is **Deaf or hard of hearing**:

* Determine how the person prefers to communicate.
* Initially, it is okay to use writing to determine what the person needs to communicate best. If the person needs an ASL interpreter, the writing method will be temporary. Some hard of hearing people may prefer written communication.
* People who communicate with American Sign Language (ASL) will write differently than people who speak traditional English. Verify that you understand the written communication correctly.
* If the victim speaks ASL, a certified and licensed ASL Interpreter must be used in criminal investigations.
* Do **not** use friends or family members as ASL Interpreters.
* Keep eye contact with the victim. Eye contact is a sign of respect and is critical in establishing rapport with Deaf victims. If you need to look down or away, tell the person the reason.
* The victim and the interpreter will decide where the interpreter will sit. Communicate with the victim, not the interpreter.
* Use clear facial expressions and gestures when you communicate.
* Good lighting is essential in communicating with someone who is Deaf or hard of hearing.
* Lip reading is not an effective means of communicating. Even the best lip readers may only understand half of what is being said.
* People who use hearing aids may understand everything being said or they may not. Keep questions short and ask only one idea at a time.
* Keep your body and face open so the person can see you clearly at all times.
* A Deaf culture exists for many people who speak ASL. They speak a different language, have their own beliefs and can be isolated from the hearing world.

In working with **ASL interpreters**, here are some things to keep in mind:

* Interpreters must be certified and licensed through the Registry for the Interpreters for the Deaf. In court situations, it is best to use an interpreter who id “Specialist Certificate: Legal”; however, these are difficult to obtain on short notice.
* Interpreters have a code of ethics.
* The interpreter’s job is only to translate communication between the victim and the investigator or other conversations occurring within earshot (not to add anything or say their opinion)
* Interpreters often work in teams of two and rotate every few minutes to avoid fatigue. This would most likely happen for timeframes over an hour or two, and is at the interpreter’s discretion.
* Speak directly to the victim and not the interpreter. Do not say things like, “Ask her if…”
* Observe the victim closely as gestures and facial expressions are important aspects of communication by a deaf person.
* If the suspect also needs an ASL interpreter, it is recommended to always use a different interpreter than was used with the victim.

It is important for law enforcement to be aware of specific services which may be available at hospitals for people who communicate with American Sign Language. Video Remote Interpreting (VRI) and Language Services are two possibilities that law enforcement can explore at the hospitals that they are called to respond to sexual and domestic violence. With VRI, the interpreter is on the screen of a monitor to interpret and translate the communication. VRI can be used in an emergency when an interpreter cannot be located, cannot come to the scene, or could be the offender. VRI is not the preferred method of communicating for people who use ASL, but this access is better than no access. If a hospital has language services, they have someone who can assist with various kinds of translation/interpreting.

Communicating by phone with someone who is Deaf has become easier over the years. There are two main options: TTY and Video Relay Service. To contact someone through the TTY system, dial the TTY number at 1-800-877-8973 or 711. Note that 711 does not work with all cell phones. The relay operator will relay the hearing person’s spoken word by typing them back to the TTY user. For individuals whose primary language is American Sign Language, this service (VRS) is often preferred. It requires that the person have high speed internet and a software program. Video Relay Service allows individuals using ASL to communicate with hearing individuals via an interpreter who signs the hearing person’s communication and also speaks the ASL User’s communication. The interpreter provides instructions at the beginning of the call to the hearing person. It is important to direct your communication to the individual, not the interpreter.

Communication tips that may be helpful in communicating with someone who uses a **service animal**:

* Service animals can provide a variety of services. Guide dogs for people with low vision or blindness are the most well-known, but there are also service animals for people with physical disabilities, seizure disorders or mental illness.
* Service animals are working animals. Do not attempt to pet, feed, whistle, click or communicate with them in anyway unless the owner advises it is okay.
* The owner is responsible for the care and supervision of the animal.
* It is best to choose a location where the animal may go outside for a break.
* Allowing a service animal in a ‘no pets’ area is a reasonable accommodation under the Americans with Disabilities Act.

Communication tips which may be helpful in communicating with someone who has a **physical disability**:

* Make sure the meeting place is physically accessible. This includes parking, sidewalks, entry to the building, hallways, doorways, restrooms, and the meeting room. Sidewalks need to be clear of snow and shrubbery. (for more information see www.ada.org)
* If you normally extend your hand to someone when you meet them, do the same with a victim who has a disability.
* Put yourself at eye level with the person. If the person uses a wheelchair, sit down.
* Do not touch a person’s assistive device without permission from the owner.
* Do not provide assistance unless the person indicates they need help.
* If you typically offer victims a drink, have some straws available for people who need a straw to drink.
* The majority of people with physical disabilities have ‘normal’ or higher intelligence, speak with them as you would any other victim.
* Take time to establish rapport, obtaining and gain comfort and confidence before initiating the interview.

Tips for responding to victims who have a **seizure disorder (epilepsy**):

People with epilepsy may occasionally have seizures that can make them appear to be intoxicated or under the effects of illegal drugs. There are different kinds of seizures and since stress can trigger a seizure. *It is very possible that a victim will have a seizure due to the stress of participating in an interview with law enforcement.*

**What might an epileptic seizure look like?** Seizures have a sudden beginning, lack of responsiveness during the seizure and a gradual recovery. Here are some of the signs that someone may be having a seizure.

* Slurred or very slow speech
* Unsteady gait
* Blank staring
* Chewing
* Fumbling
* Sleepiness
* Confusing or dazed behavior
* Combative response to restraint
* Body stiffens and begins to jerk as muscles contract and relax

**Do I call an ambulance if a person has a seizure?**

* If an individual has a seizure for less than 5 minutes and otherwise does not have injuries, it typically is not considered a medical emergency.
* If the seizure last less than five minutes and the person asks for medical attention, ask if they want an ambulance to be called. The person usually knows if they need medical attention.
* If a seizure lasts longer than five minutes, if another seizure begins shortly after, or if the person having the seizure appears to be injured, diabetic, pregnant or the seizure occurred in water, you are advised to immediately contact emergency medical assistance.

**What else should I do when someone is having a seizure?**

* A person seen shaking and falling followed by a confused or dazed state is likely having a seizure and should be treated accordingly.
* Check how much time has elapsed since the seizure began and call for medical attention if five minutes has elapsed without recovery
* Look for medical ID or alert bracelet
* If the person is convulsing, turn the individual on side to clear airway and reduce hazard of choking
* If the person is banging their head, put something soft under their head for protection, like a blanket, pillow or coat.
* Eliminate nearby hazards and have bystanders clear the area.
* If the individual has stopped having the seizure, help reorient the individual with easy questions such as their name, day or the week or where they are.
* It is essential that you **do not put anything into the individual’s mouth**, hold their tongue, attempt to force their mouth open or restrain the individual while trying to prevent jerking.
* Wait until the individual is clearly conscious before you allow them to take medication or fluids. Allow plenty of recovery time before continuing the interview.

Some individuals with disabilities may have a prepared Information Card which might be helpful to first responders. Here is an example of one:

**PERSON WITH DISABILITY—EMERGENCY INFORMATION**

|  |  |
| --- | --- |
| Name: | Date:  Date of birth: |
| Address: | Phone: |
| Emergency name/relationship: | Phone: |
| Guardian: Yes No  Name: | Phone: |
| Support person: | Phone: |
| Medication: Yes No  See attached | Mobility help?  Yes No |
| Method of Transportation: | |
| Method of Communication: | |
| Favorite objects or discussion topics: | |
| Atypical behavior or characteristics that might attract attention: | |
| Sensory, medical or dietary issues: | |
| Approach and de-escalation techniques: | |
| Individual/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Some people with disabilities carry a small card with some basic information for law enforcement or others. Here is a sample:

|  |  |
| --- | --- |
| Information about my disability card  My name is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I have a speech disability.   * Please talk slowly in a normal voice * Sometimes it is hard for people to understand me * If you don’t understand me, I can write down my answer   I also have mild cerebral palsy and walk with a limp.  Date completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Emergency Contact Information:  Husband:  Home phone:  Work phone:  Cell phone:  Sister:  Home phone:  Work phone:  Cell phone: |

**Accommodations**

**(Include ADA)**

Some people with disabilities will need an accommodation to fully participate in the investigative process. Most accommodations mentioned here are for people who communicate in a non-traditional manner. Some examples of accommodations include:

* American Sign Language Interpreter
* Individualized Communication Device
* Pictures to communicate by pointing
* Plain language by the law enforcement officer
* Answering with only Yes or No
* Large Print materials
* Extended response time to answer questions
* “Showing” instead of “telling”
* Writing words instead of speaking words
* Drawing pictures instead of, or in addition to, speaking words
* Facilitated Communication
* Braille materials

In order to find out if someone needs an accommodation, an officer can:

* Always ask the victim first
* Ask a family member
* Ask a friend
* Ask a staff member at a disability organization

It is imperative to use needed accommodations so victims with disabilities can have justice - but it is also the law. The right to reasonable accommodations for people with disabilities is included in **two** federal laws.

**Federal Laws**

There are two federal laws which govern discrimination against persons with disabilities: The Americans with Disabilities Act (ADA) of 1990 and the Rehabilitation Act of 1973. These acts provide broad protections for people with disabilities and provide guidelines for access to programs, services, facilities, and activities relevant to criminal investigations.

Title II of the ADA requires that all programs, services, and activities of a public entity, such as a police department, be accessible to individuals with disabilities. 28 C.F.R §35.130.

Under Title II, a public entity must furnish, at no cost to the requester, any auxiliary aids or services necessary to ensure that communications with people with disabilities are as effective as communications with others and to ensure that individuals with disabilities can fully enjoy the entity’s programs, services, and activities. 28 C.F.R. §35.160.

In determining what type of auxiliary aid and service is necessary, a public entity must give primary consideration to the request of the individual. 28 C.F.R. §35.160.

A public entity may only be excused from providing auxiliary aids and services when to do so would impose an undue financial or administrative burden or fundamentally alter the services provided. If an action required to comply with Title II would result in such an alteration or such burdens, a public entity must take some other action that ensures that individuals with disabilities receive the benefits or services provided by the public entity. 28 CFR §35.164.

A public entity such as a police department must make any reasonable modifications in policies, practices, or procedures when the modifications are necessary to ensure that a person with a disability has equal opportunity to participate in the entity’s programs, services, and activities. 28 C.F.R. §35.130.

A public entity must modify its policies upon request unless to do so would fundamentally alter the nature of the service, program, or activity. In such case a public entity must take some other action that ensures equal access to the public entity’s services, programs, or activities. 28 C.F.R. §35.164.

Section 504 of the Rehabilitation Act of 1973 contains identical requirements for public entities receiving federal financial assistance. 29 U.S.C. §794.

Therefore, we need to establish practices that are responsive to people with disabilities and assure effective communication. This is not only the law; it is the right thing to do. All citizens should have equal access to public services that provide them with safety and justice.

The ADA and the Rehabilitation Act are enforced by the Department of Justice. There is case law stating that attorneys general have power to do that on behalf of their citizens and some State Attorney General Offices do enforce ADA compliance. Individuals can file complaints with these entities who will investigate the situation and issue findings. In cases of noncompliance, the enforcement entity will seek voluntary agreement. The Department of Justice or the state attorney general’s office can initiate litigation if voluntary agreement is not reached. It is also possible for a complainant to file a private civil suit.

**General approach regarding accommodations**

1. Be flexible
2. Do not automatically say ‘no’ to requests
3. Discuss the request with a supervisor or Court Disability Coordinator if you have questions
4. Consider if the request is a “fundamental alteration” of your typical services.
5. Provide the accommodation as requested by the individual within the above guidelines

**Language and Sensitivity**

**What Is ‘People First’?**

|  |  |
| --- | --- |
| ‘People First’ is a mindset. It is a way of looking at other people, not by their disability, race, gender or any other arbitrary characteristic, but rather as *peo­ple* first. |  |

As people we are all more similar than we are different. True, we are all unique and different in our own ways but these differences are minimal in comparison to our similarities. In general, we are all peo­ple first. The same is true of people with disabilities—we are more like people without disabilities than we are different.

|  |  |
| --- | --- |
|  | People with disabilities are not freaks, cripples or re­tards. We are not incapable, weak or disabled. You can­not catch our disabilities. We are not heroes or extraor­dinary. We are people, just like you, living our lives the best we know how. |

This is People First: We are people, just like you and everyone else.

This is not to say that disability is unimportant. It is, of course, a large component of the lives of people with disabilities. Disabilities, and perhaps more importantly peoples' reactions to disabilities, create barriers for people with disabilities through stereotypes, myths, preju­dices, fears and ignorance.

|  |  |
| --- | --- |
| Disability is changing. Our understanding of what a disability is has grown over the years. More and more people are identifying as people with disabilities and it's up to society to change accordingly. We all have the same rights and re­sponsibilities, and we should all be able to enjoy them as what we all are...People First. |  |

Treat people as though they are what they ought to be and you help them become what they are capable of being —Goethe

**PEOPLE FIRST LANGUAGE**

Language is important! It matters what you say and how you say it. There are a lot of things that we have all said which can be very offensive in the wrong set­ting. For instance, "lame" has been used for years as slang for boring but it has been used even longer to describe people with certain physical disabilities. The use of this term can be innocent, but still hurtful. Think how you would feel to be called something so derogatory and the choice is easy--watch what you say and how you say it!

Afflicted with a disability, suffering from

Birth defect

Cerebral palsied

Crippled, crip

Deaf-mute, dumb

Deformed

Dumb

Slang (i.e., Elephant Man's Disease)

Emotionally disturbed

Epileptic

Disabled, handicapped

Handicapped accessible

Hearing impaired

Hunchbacked

Lame, Gimp

Midget, dwarf

Mongoloid idiot, Downs

Normal, non-disabled, able-bodied

Paraplegic

Arthritic

Wheelchair bound, confined to a chair

Insane, deranged, deviate, crazy

Has a disability

Born with a disability

Has Cerebral Palsy

Walks with the aid of crutches

Deaf

Has a physical disability

Nonverbal

Correct name of disability

Behavior disorder

Has Epilepsy

Disability

Accessible, fully accessible

Deaf or hard of hearing

Has a spinal curvature

Walks with a limp

Short statured

Downs Syndrome

Person without a disability

Is paralyzed

Has arthritis

Uses a wheelchair

Has an emotional disability

|  |  |
| --- | --- |
| **USE** | **DON'T USE** |
|  |  |

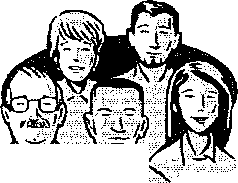
**So, what do you do when you meet someone with a disability?**

It's ok, we understand that it is a bit of a different experience to meet a person with a disability in any setting—and with some disabilities you might have to adapt some parts of the environment in order to provide the opportunity for equal access.

Remember though, that you do not have to act differently toward someone with a disability. Whatever you're talking about or doing is fine—you don't have to change the topic or stop doing what you're doing. Be respectful and kind, and you're already doing what you should be doing. Treating people with disabilities just like everyone else is half of the battle, besides you have to remember that you may not always be able to "tell" that someone even has a disability!

We have already talked about the changing definition and under­standing of disabilities, and we know that there are a wide array of disabilities and effects of disabilities—but who else are people with disabilities?

**Who are People with Disabilities?**

* America's largest minority group.
* A group that cuts across racial, ethnic, religious, economic and social lines.
* Maybe a neighbor, a loved one or even you.
* Are perhaps most seriously impeded by barriers created by myths, prejudices,   
  stereotypes, fears and ignorance rather than by effects of the disability.
* Disabilities can be visual, aural, physical, communicative or developmental. Some individuals have a combination of disabilities.
* Disabilities affect a wide range of activities—from small to great.
* Birth defects, injury or illness can cause disabilities.
* The effect of a disability is about the impact of the disability on the rest of life.
* Disability is not inability.

**Some Facts**

* Disabilities are not contagious.
* Disabilities are frequently permanent.
* Miracles may sometimes happen, but people with disabilities are not usually waiting for them.
* People with disabilities know they have a disability, and tend to know you know.
* People with disabilities prefer to emphasize what they can do rather than what they cannot.
* Disability is not the sum of an individual's life, any more than having a certain hair color is yours.
* People with disabilities can and do engage in sex.

**People with Disabilities are People First!**

\*Written by staff at Pace CIL in Champaign-Urbana.

**Indicators of Domestic Violence/Sexual Assault**

**Indicators of Sexual Abuse/Assault**

* Torn clothing
* Stained clothing
* Clothing on backward
* Stained bed/bedding
* Difficulty walking or sitting
* Vaginal or rectal bleeding
* Painful urination or defecation
* Physical evidence of pornography or prostitution
* Itching or swelling in the genital area
* Pain in the genital area
* Bruising in the genital area
* Bruising of the inner thighs
* Incontinence
* Frequent urinary tract infections
* Pregnancy
* Vaginal infections
* Sexually transmitted infections
* HIV, AIDS
* Extreme changes in behavior
* Sleeping disturbances (nightmares, insomnia, excessive sleeping)
* Changes in eating habits
* Unexplained gagging
* Unexplained abdominal pain
* Depression, anxiety
* Physical or sexual aggression
* Fear reactions to person, place, objects, etc.
* Self-destructive behavior
* Extreme reaction to bathing or other physical caregiving
* Inserting objects in vagina or rectum
* Sexualized language or behavior

**Indicators of Physical Abuse/Domestic Violence**

* Bruises on several different surface areas
* Bilateral bruises (top of shoulders, both sides of face, insides of thighs)
* Bruises in various stages of healing
* Multiple bruises or bruises forming patterns r clusters
* Bruises in shape/size of a familiar object (handprint, belt buckle)
* Bruises repeatedly occur after certain events (home visits, staff visits)
* Burns shaped like an object (e.g., iron, cigarette) especially on soles of feet, palms, back of buttocks
* Scalding burns (skin blistering from hot water or from emersion in hot liquid)
* Abrasions from rape or other restraints
* Wrap around bruises encircle the person’s arms, legs, or torso and indicate physical restraint
* Sprains, dislocations
* Fracture or breaks to ribs, skull, arms and leg bones
* Unexplained internal injuries
* Injuries to mouth (chipped teeth, ulcers, tears/swelling from forced feeding)
* Cuts, lacerations, puncture wounds
* Human bite marks
* Disorientation, stupor or other effects of deliberate overmedication
* Frequent headaches
* Back pain
* Hesitant to talk openly about injuries, indicators
* Implausible explanations for injuries
* Easily frightened, agitated or trembling

**Behavioral Indicators of the Suspect**

* May try to conceal victim’s injuries
* Inconsistent explanation for victim’s injuries
* History of making threats
* History of substance abuse or alcohol abuse
* Dependent on victim’s income or assets
* May be charming, caring and nice
* Over protectiveness, dominance, hostility toward others
* Inappropriate sex-role relationship between victim and suspect
* Socially isolates the victim (Controls transportation and access to others)
* Uses restrictive treatment; restricts access to phone, car, people, food, meds, etc.)
* Speaks **for** the victim
* Treats adult victim like a child
* Calls victim names
* Apathy towards victim
* Controls adaptive equipment that victim needs
* Uses the person’s disability against them (for example, says the person is frequently delusional and can’t be believed).

Adapted from the following resources:

PROTECT, REPORT, PRESERVE: Abuse Against Persons with Disabilities: A training on reporting suspected abuse against persons with disabilities, revised January 2009.

Protocol for Law Enforcement: Responding to Victims of Elder Abuse, Neglect and Exploitation Illinois Department on Aging and IFVCC Revised 2009.

**Investigative Interviewing Techniques**

**Preparing for the interview**

* Prepare a space for the interview that respects the victim’s privacy. The space should be out of sight and sound range of the alleged offender and others who may influence the victim, such as the caregiver.
* Scan the space for possible obstacles and distractions and remove any that you identify.
* Assure the space is physically accessible, including the restroom.
* Recognize what the victim’s disability is and any possible accommodations. When available, review the victim’s contact card (see page 34).
* Schedule extra time for the interview so you do not feel rushed.
* Be aware of the victim’s schedule, so they are not worried about getting to work, an appointment, or needed transportation.
* Prepare to tell family members or support persons that you will need to interview the victim alone.
* It is best if a trained investigator can be assigned to handle this case through its entirety.

**During the interview**

* Explain to the person that you are here to help.
* Ask the person for their consent to be interviewed.
* Provide facts about who you are, what you are going to do, and what happens next.
* Begin the conversation with general chatting to establish rapport and observe communication patterns. All of us are more difficult to understand when we are upset, so beginning with topics not directly related to the assault, allows time for both parties to feel more comfortable. Ask general questions, use active listening, and get to know the person. Offer the victim some choices. For example, see if the person would like a drink. Offer them a choice of what to drink. Let the person decide which chair to sit in, if possible. Offering choices lets the person know you respect their ability to make decisions.
* If the person is an adult, communicate with them like an adult and use a normal tone of voice. Do not speak like you might to a child or raise your voice as if the person is hard of hearing.
* Speak directly to the person and not a support person or interpreter.
* Make eye contact with the person, if possible.
* If the person uses a wheelchair, mobility device or communication tool, ask permission before touching these.
* Except for very brief interactions, get at eye level with the person; squat or sit down to communicate with someone who is sitting.
* It is okay to offer assistance, but let the person decide if and what help is needed.
* Allow time for the person to respond. If you extend your hand for a handshake, give the person time to extend their hand. If you ask a question, allow a few seconds before speaking again.
* Use plain language and words that are easy to understand. Avoid legal jargon, sarcasm, cliques’, and acronyms.
* Let the person know that they are not in trouble and that you believe them.
* Let the person know that they are brave and that they are helping others to be safe.
* Once you know who the suspect is, determine what relationship the suspect has to the victim. If the suspect is the caregiver, friend, or family member, determine what this means to the person in terms of ongoing safety and support. Find out what concerns the victim has. Take steps to assure the victim’s safety and connect with needed agencies.
* Before terminating an interview, thank the victim for helping you and let them know what happens next. This sets the tone for any future interactions.
* Give the victim your contact information.

**Capacity, Consent, and Undue Influence**

In working with victims with disabilities it is important that law enforcement personnel understand the issues of credibility, consent and undue influence. Many people with disabilities are capable of making all of their life decisions and it is important to presume competence when we communicate with people. Some people with disabilities however may not meet the criteria to testify in a court hearing and/or have the capacity to consent to sexual activity. These are two separate concepts and it is possible for someone to be a credible witness but not have the capacity to consent for sexual activity.

**Credible witness issues**

The general criteria includes: understanding the difference between truth and lie; remembering what happened; and being able to communicate what happened. The majority of people with disabilities are credible witnesses. To assess ‘understanding the difference between truth and lie’ in a person with an intellectual disability, it will not work to ask for definitions. It is best to use several concrete questions. For example: “There is an elephant in the room. Is that the truth or a lie?” “My shirt is red (when your shirt is green). Is that truth or lie?” After a few of these questions, ask the person, “Is it better to tell a lie or the truth?” and “What happens if someone tells a lie?” This concrete approach can give you a wealth of information.

For the other portion of the criteria, keep in mind that the person may need some accommodations to be able to explain what happened to them in a way that is easy for others to understand. The following are common examples of accommodations for someone with an intellectual disability: extended time to respond to questions; attorney uses concrete words; person may point to pictures; person may use a communication device or book; person may refer to activates rather than a clock or calendar.

It should be noted that a victim’s ability to sequence events is not required to be a credible witness. In this situation, it is helpful to establish understanding of the victim’s routine. The victim may be able to reference events surrounding the assault(s) by their activities when they are unable to use a clock or calendar.

**Capacity to consent to sexual activity**

Consent for sexual activity is when someone can voluntarily make a decision whether or not to participate in sexual activity. If a person is not able to make that decision, legal charges can be filed against the person who engages in sexual activity with the person who lacks capacity to consent. Therefore, it is important that law enforcement and prosecutors understand what this diminished capacity means. This capacity is evaluated by a professional (usually a psychologist) who has specific training and understands the professional guidelines for making such determinations. The determination is then decided through adjudication. For law enforcement, it is best to work with prosecutors in determining what needs to be investigated in this regard.

Consent for sexual activity has three components: knowledge, reasoning and voluntariness. Knowledge includes facts needed to make a decision and includes risks (such as diseases, pregnancy). Reasoning is the ability to understand and weigh different options in making an informed choice. Voluntariness is the ability to protect oneself against coercion in making sexual decisions.

Based on one study of over 300 psychologists (Kennedy and Niederbuhl, 2001), some of the most important elements of consent include: individual can say or demonstrate “no”; individual knows that having intercourse can result in pregnancy; when given options, the individual can make an informed choice; individual knows that having intercourse or other sexual relations can result in obtaining a disease; individual can differentiate between appropriate and inappropriate times and places to engage in intimate relations; individual can differentiate between males and females; individuals can recognize individuals or situations which might be a threat to him/her; and individuals will stop a behavior if another person tells him/her “no”. This list may be helpful to prosecutors in determining if someone needs an evaluation of their capacity to give consent for sexual activity.

Just as someone who is under the influence of alcohol or illegal drugs may lack the capacity to give consent for sexual activity, a person with mental illness who is adjusting to new medications may lack consent for sexual activity.

**Undue Influence**

Some people with disabilities have been trained to be compliant with those in authority. Even as adults, some people live and work in very controlling environments. In these situations, people with disabilities are highly influenced by others and try very hard to please others. Recognizing when the victim is heavily influenced by a family member, caregiver or other person is very important in investigating and prosecuting crimes. It is advisable to observe the victim closely when in the presence of others; looking for indicators that the victim is under the influence of someone else and may not be speaking for themselves. In those situations, it is best to communicate with the victim alone or with a victim advocate. It is also helpful to communicate to the victim that you want them to be safe and to say what is important to them.

**Required Reporting Entities and Definitions**

Illinois Department of Human Services Office of the Inspector General Definitions for Investigating Abuse and Neglect of individuals receiving services funded by IDHS.

**Reporting to Law Enforcement** When there is **credible evidence** a criminal act may have been committed in connection with an allegation of abuse, neglect, or death of an individual, the Office of the Inspector General (OIG) shall refer the allegations to, or ensure that notification is made to:

* Illinois State Police (State Operated Facilities)
* Local Law Enforcement (Community Agencies)

**Physical Abuse Definition**

* An employee’s non-accidental and
* Inappropriate contact with an individual that causes bodily harm.
* Bodily harm is any injury, damage or impairment to an individual’s physical condition, or
* Making physical contact of an insulting or provoking nature with an individual.
* “Offends a reasonable sense of dignity.”

**Physical Abuse**

Physical abuse includes actions that cause bodily harm as a result of an employee

directing an individual or person to physically abuse another individual.

Any sexual behavior, sexual contact **or** intimate physical contact between an employee and an individual, including;

An employee’s coercion **or** encouragement of an individual to engage in sexual activity; That results in sexual contact, intimate physical contact, sexual behavior **or** intimate physical behavior.

**Intimate Behavior**

Intimate behavior (personal, private, close, sexual in nature) is also reportable if an employee directs someone else to sexually abuse another individual.

**Inappropriate Sexual Contact**

Inappropriate sexual contact between an employee and an individual involving either an employee's genital area, anus, buttocks or breasts or an individual's genital area, anus, buttocks or breasts.

Sexual contact also includes sexual contact between individuals that is coerced or encouraged by an employee.

**Mental Abuse**

Mental abuse is the use of demeaning, intimidating **or** threatening words, signs, gestures **or** other actions by an employee about an individual and in the presence of an individual **or** individuals that results in emotional distress **or** maladaptive behavior **or** could have resulted in emotional distress **or** maladaptive behavior.

**Financial Exploitation**

Financial Exploitation is taking unjust advantage of an individual’s assets, property, or financial resources through deception, intimidation, or conversion for the employee’s, facility’s or agency’s own advantage or benefit.

**Neglect**

An employee’s, agency’s or facility’s failure to provide adequate medical care, personal care or maintenance and as a consequence:

* Causes an individual pain, injury or emotional distress,
* Results in either an individual’s maladaptive behavior or
* The deterioration of an individual’s physical or mental condition or
* Places an individual’s health or safety at a substantial risk.

**Egregious Neglect**

A finding of neglect as determined by the Inspector General that represents a gross failure to adequately provide for, or callous indifference to the health, safety, or medical needs of an individual, and results in an individual’s death or serious deterioration or an individual’s physical or mental condition.

**Hate Crimes**

There are state and federal laws related to the commission of hate crimes. A hate crime is an illegal act based on a victims race, color, creed, sexual orientation, ethnicity, or disability. In Illinois, hate crimes are a Class 4 felony for the first offense. If a person is targeted for domestic violence and/or sexual assault because of their disability, the possibility of a hate crime exists.



**Crime Victim Bill of Rights**

The Illinois Constitution\* and Illinois law\*\* give crime victims certain rights. You have the right to:

* Be treated with fairness and respect.
* Be notified of all court hearings and any changes in your case.
* Talk to the prosecutor.
* Make a statement at sentencing.
* Be notified if the offender is convicted, sentenced, imprisoned and released.
* Have the case decided as soon as possible after the offender is arrested.
* Be protected from the offender before, during, and after the trial.
* Be at court hearings unless a judge decides you should not be in the courtroom while a witness is testifying.
* Have an advocate with you in the courtroom.
* Be paid for loss or injury by the offender if the offender is found guilty.

\*Illinois Constitution Article I, §8.1; \*\* 725 ILCS 120/4

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**Resource Directory**

**Court Disability Coordinators (CDCs)**

CDSs have been appointed by the Chief Judges in every Judicial Circuit in Illinois. In most cases, each courthouse has its own CDC. CDCs are trained regarding appropriate terminology, eti­quette, and practices for addressing and interacting with people with disabilities. They are also familiar with the legal requirements governing physical and programmatic access to the judicial system for people with disabilities.

CDCs have access to a vast array of people and agencies that can help the court address issues regarding physical and program accessibility. Specifically, CDCs ensure that the court provides appropriate accommodations and auxiliary aids and services to persons with disabilities. They train judges and other court personnel about proper policies and procedures. CDCs develop and draft ADA policies and ensure that jurors and other court participants with disabilities are aware of their legal rights. They also greet people with disabilities in the courthouse and make any arrangements necessary to ensure that their needs are met. They inform people with disabilities of court procedures in a manner that is understandable to them.

The Attorney General’s Disability Rights Bureau oversees Illinois’ Court Disability Coordinator program and assists CDCs with any questions they may have about disability laws in the judicial setting. The Bureau provides additional training to CDCs periodically and offers technical as­sistance regarding specific issues. In addition, the Bureau keeps CDCs informed of changes in the law that may impact their responsibilities or be of interest to them. The Disability Rights Bureau may be reached at the following telephone and TTY numbers:

Chicago:

(312) 814-5684 (Voice)

(800) 964-3013 (TTY)

Springfield:

(217) 524-2660 (Voice)

(877) 844-5461 (TTY)

The training manual for CDCs, which contains useful information for anyone who interacts with people with disabilities, can be obtained at: http://www.illinoisattorneygeneral.gov/rights/Manual\_Court\_Disability\_Coordinators.pdf

**Centers for Independent Living**

Centers for Independent Living provide valuable resources for people with disabilities and can provide critical information to law enforcement regarding needed accommodations.

The Illinois Network of Centers for Independent Living (INCIL), is the statewide association representing the 23 Centers for Independent Living (CILs) in Illinois. INCIL is an authoritative source of information about the accomplishments and needs of Illinois CILs and about issues most critical to promote independent living for all persons with disabilities.

The **purpose** of INCIL is to facilitate the collaboration of all Centers for Independent Living in Illinois for promoting, through the Independent Living Movement, equal opportunities and civil rights for all persons with disabilities.

A Center for Independent Living is a non-residential, community based organization, directed and managed by persons with disabilities, which is dedicated to the philosophy that all people with disabilities have the right and the responsibility to make choices to control the direction of their lives and participate fully and equally in their communities.

What do CILS do? CILs work to increase the involvement of people with disabilities in every aspect of life. Through a wide variety of services and support, CILs provide assistance for persons with disabilities in their transition to independent living. Information and referral CILs respond to inquiries on a variety of issues from people with disabilities, family members and professionals, as well as the general public. Comprehensive information is available regarding services available in the community to help persons with disabilities live independently, such as accessible housing, transportation, employment opportunities, personal assistants, interpreters for people who are hearing impaired, readers for people who are visually impaired and more. CILs work with victims, victim advocates, law enforcement and others in the criminal justice system when the victim requests their support.

Fro the Illinois Network of Centers for Independent Living go to:

[www.incil.org](http://www.incil.org)

See *Resources* in the back of this protocol the list by county and the contact information for every CIL.

**Illinois Imagines**

Illinois Imagines is a statewide project which addresses sexual violence against persons with disabilities through a federal grant. The Illinois Department of Human Services and the Illinois Coalition Against Sexual Assault are two of the primary entities and there are 32 collaborative teams across the state. Each community with a Rape Crisis Center has a collaborative team which can be consulted for assistance.

For more information go to: [www.illinoisimagines.org](http://www.illinoisimagines.org)

**Speech-To-Speech Relay Service**

Speech-to-Speech (STS) is one form of Telecommunications Relay Service (TRS). TRS is a service that allows persons with hearing and speech disabilities to access the telephone system to place and receive telephone calls. Speech to Speech enables persons with a speech disability to make telephone calls using their own voice (or an assistive voice device). Speech to Speech uses specially trained operators to relay the conversation back and forth between the person with the speech disability and the other party to the call. These operators are specially trained in understanding a variety of speech disorders, which enables them to repeat what the caller says in a manner that makes the caller’s words clear and understandable to the called party.

**Who Uses STS**

Often people with speech disabilities cannot communicate by telephone because the parties they are calling cannot understand their speech. People with cerebral palsy, multiple sclerosis, muscular dystrophy, Parkinson's disease and those who are coping with limitations from a stroke or traumatic brain injury may have speech disabilities. People who stutter or have had a laryngectomy may also have difficulty being understood. In general, anyone with a speech disability or anyone who wishes to call someone with a speech disability can use Speech to Speech.

**Using STS**

A special phone is not needed for Speech to Speech. You simply call the relay center by dialing 711, and indicate you wish to make an Speech to Speech call. You are then connected to a Speech to Speech operator who will repeat your spoken words, making the spoken words clear to the other party. Persons with speech disabilities may also receive Speech to Speech calls. The calling party calls the relay center by dialing 711 and asks the operator to call the person with a speech disability.

**Illinois Department of Human Services**

DHS Office Locator Map is a web-based application that assists in locating Department of Human Services resource offices and service providers. The application may be accessed 24 hours per day, seven days per week. The DHS locator is searchable by office type and location.

The locator is on the main screen of the DHS website, so it appears at the bottom of the screen when you reach the DHS website. <http://www.dhs.state.il.us/page.aspx>?

The following Office Types are available through the locator:

* **Administrative Office** - management of DHS services, programs and facilities
* **Child Care Resource & Referral** - information for parents looking for quality child care; and for child care providers
* **Comprehensive Community-Based Youth Services** - provides crisis assistance to youth, 11 to 17 years of age, who have run away from home or have been kicked out of their homes.
* **Developmental Disabilities** - Pre-Admission Screening Agencies (PAS) providing information, assessment & referral regarding developmental disabilities
* **Domestic Violence Victim Services** - provide free and confidential services to help domestic violence victims attain safety and self-sufficiency, and to promote violence prevention through education and outreach.
* **Early Intervention** - assessment of children age 0-3 for developmental delays
* **Family Case Management** - coordinates health and social services in order to promote healthy pregnancy and child development
* **Family Community Resource Center (Family & Community Services)** - "one-stop" centers for cash & medical assistance, food stamps, and job services
* **Family Planning** - provides medical, social and educational services related to the avoidance, achievement, timing and spacing of pregnancy.
* **Mental Health** - information, assessment & referral regarding mental health and mental illness
* **Partner Abuse Intervention Services** - DHS protocol-approved programs for perpetrators of intimate partner violence.
* **Rehabilitation Services** - assistance for people with disabilities looking for jobs or living independently
* **Residential School** - residential education and outreach programs for children with disabilities
* **State Psychiatric Hospital** - for children, adolescents and adults who need publicly-funded inpatient treatment
* **Women, Infants and Children (WIC)** - provides nutritious foods, education, counseling and support for pregnant women, new mothers, infants and children up to age 5.

**Case Law**

*Gorman v. Bartch*, 152 F.3d 907 (8th Cir. 1998)

Arrestee with paraplegia could state a claim under the ADA and Section 504 of the Rehabilitation Act of 1973 when he was injured in transport to the police station. The police department failed to modify transport procedures by not properly securing him, and he fell in the vehicle and his urine bag ruptured, resulting in injury and him being covered in urine.

*Calloway v. Boro of Glassboro Dept of Police*, 89 F.Supp.2d 543 (D.NJ 2000)

Assault victim who was deaf could state a claim under the ADA and Section 504 of the Rehabilitation Act. The interpreter the police department provided was not qualified.

*Paulone v. City of Frederick, 718 F.Supp.2d 626 (D.Md. 2010)*

Arrestee who was deaf could state a claim under the ADA and Section 504 of the Rehabilitation Act when after her arrest and during her detention police officers denied her use of a working TTY, help in reading and understanding forms, and access to a sign language interpreter.

**Additional Resources**

Davis, Leigh Ann (October 2006). The Arc’s Justice Advocacy Guide: An Advocate’s Guide on Assisting Victims and Suspects/Defendants with Intellectual Disabilities. Washington, D.C.: The Arc of the United States.

First Response to Victims of a Crime Who Have a Disability (2002). Washington, D. C.: U. S. Department of Justice, Office of Justice Programs, Office for Victims of Crime. OVC Resource Center. NCJ 195500.

OPENING THE BENCH AND BAR TO PEOPLE WITH DISABILITIES: Manual for Court Disability Coordinators. Office of the Illinois Attorney General. Lisa, Madigan, Attorney General. 2011.

SERVING CRIME VICTIMS WITH DISABILITIES: The Time Is Now <http://www.ovc.gov/library/videoclips.html#dis>

SERVING CRIME VICTIMS WITH DISABILITIES: Meet Us Where We Are <http://www.ovc.gov/library/videoclips.html#dis>

“Victims with Disabilities: The Forensic Interview”. Office for victims of Crime (OVC). 2007. <https://www.ncjrs.gov/App/Topics?morepubications.aspx?TopicId=179#V>.

Victims with Disabilities: Collaborative, Multidisciplinary First Response. 2009. Publication number NCJ 223940. [www.ncjrs.gov](http://www.ncjrs.gov)

Victims of Crimes with Disabilities Resource Guide. Wyoming Institute on Disabilities <http://wind.uwyo.edu/resourceguide>

Your Day in Court: An Educational Introduction for Persons Who are Deaf or hard of hearing. Produced by the Midwest Center on Law and the Deaf. Chicago, Il. [www.mcld.org](http://www.mcld.org)

*The Ten Commandments for Communicating with People with Disabilities.* Ward and Associated, 1994. <http://www.diversityshop.com/store/10comvid.html>

**Web-Based Resources**

[www.leanonus.org](http://www.leanonus.org) Law Enforcement Awareness Network

[www.austin-safeplace.org](http://www.austin-safeplace.org) SafePlace

[www.accessingsafety.org](http://www.accessingsafety.org) Vera Institute of Justice

[www.rid.org](http://www.rid.org) Registry of Interpreters for the Deaf

[www.nad.org](http://www.nad.org) National Association of the Deaf

[www.deaf-hope.org](http://www.deaf-hope.org) DeafHope

[www.nfb.org](http://www.nfb.org) National Federation of the Blind

[www.NCIL.org](http://www.NCIL.org) National Centers for Independent Living

[www.NAMI.org](http://www.NAMI.org) National Alliance for the Mentally Ill

[www.guidestar.org](http://www.guidestar.org) Social Service Organizations

[www.LDonline.org](http://www.LDonline.org) Learning Disabilities Resource

[www.thearc.org](http://www.thearc.org) National Organization for people with intellectual and developmental disabilities

[www.nod.org](http://www.nod.org) National Organization on Disability

[www.epilepsyfoundation.org](http://www.epilepsyfoundation.org) Epilepsy Foundation

[www.ada.gov](http://www.ada.gov) Americans with Disabilities Act

[www.abanet.org/disabiity](http://www.abanet.org/disabiity) American Bar Association Commission on Mental and Physical Disability Law

[www.autism-society.org](http://www.autism-society.org) Autism Society of America

<http://www.acf.hhs.gov/programs/add> Administration on Developmental Disabilities

[www.napsa.org](http://www.napsa.org) National Adult Protective Services Association

<http://www.youtube.com/watch?v=l9aNpMRHH2c&feature=em-share_video_user> Video for police officers on sensitivity to Deaf person.

**Research/Studies**

Archambault, Joanne and Lonsway, Kim (2008). “Incomplete, Inconsistent, and Untrue Statements Made by Victims: Understanding the causes and overcoming the challenges. End Violence Against Women International.

Crimes Against People with Disabilities, 2009-2011. U.S. Department of Justice. Office of Justice Programs. Bureau of Justice Statistics. National Crime Victimization Survey, 2011.

Hughes, Rosemary B., Lund, Emily M., Gabrielli, Joy, Powers, Laurie E. and Curry, Mary Ann. (2011). Prevalence of Interpersonal Violence Against Community-Living Adults With Disabilites: A Literature Review. *Rehabilitation Psychology,* Vol. 56. No. 4, 302-319.

Kennedy, Carrie Hill and Niederbuhl, John. (2001). *American Journal on Mental Retardation.* Vol. 106, No. 6, 503-510.

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Martin, Sandra L., Ray, Neepa, Sotres-Alvarez, Daniela, Kupper, Lawrence L., Moracco, Kathryn E., Dickens, Pamela A., Scandlin, Donna, and Gizlice, Ziya (2006). Violence Against Women. Published by SAGE. http://vaw.sagepub.com/

Mitra, Monika, Mouradian, Vera E., and Diamond, Marci (2011). Sexual Violence Victimization Against Men with Disabilities. American Journal of Preventive Medicine, 41(5):494-497.

Petersillia, Joan R. (2001). Crime Victims with Developmental Disabilities: A Review Essay. *Criminal Justice and Behavior,* vol. 28, no. 6, pp. 655-694.

Sobsey, D. (1994). *Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance.* Baltimore, Md: Paul H. Brookes Publishing Co.

Sobsey, D. and Doe, T. (1991). Patterns of sexual abuse and assault. *Sexuality and Disability,*9(3), 243.

Sorensen, D. D. (2002, August 9). The invisible victims. Retrieved from <Http://odmrdd.state.oh.us/Includes/VictimsTaskForce/InvisibleVictims.pdf>

**Centers for Independent Living**

**By County**

Adams – West Central IL CIL

Alexander – Southern IL CIL

Bond - Impact

Boone - RAMP

Brown – West Central Il CIL

Bureau – Illinois Valley CIL

Calhoun - Impact

Carroll – Northwestern Illinois CIL

Cass – Jacksonville Area Center for Independent Living

Champaign - PACE

Christian – Springfield CIL

Clark – SAIL

Clay – Opportunities for Access CIL

Clinton – Opportunities for Access CIL

Coles - SAIL

Cook- Access Living of Metropolitan Chicago, Prgress CIL (Suburban)

Crawford – Opportunities for Access CIL

Cumberland \_SAIL

De Witt – LIFE center for Independent Living

Dekalb - RAMP

Douglas - PACE

DuPage – AIM Center for Independent Living

Edgar - PACE

Edwards – Opportunities for Access CIL

Effingham – Opportunities for Access CIL

Fayette – Opportunities for Access CIL

Ford – LIFE Center for Independent Living

Franklin – Southern IL CIL

Fulton – Advocates for Access

Gallatin – Southern IL CIL

Greene - Impact

Grundy – Will-Grundy CIL

Hamilton – Opportunities for Access CIL

Hancock – West Central Illinois Cil

Hardin – Southern IL CIL

Henderson – Stone- Hayes Center for Independent Living

Henry – Illinois/Iowa ILC

Iroquois – Options center for Independent Living

Jackson – Southern IL CIL

Jasper – Opportunities for Access CIL

Jefferson – Opportunities for Access CIL

Jersey - Impact

Jo Daviess – Northwestern Illinois CIL

Johnson – Southern IL CIL

Kane – AIM Center for Independent Living

Kankakee – Options Center for Independent Living

Kendall – AIM Center for Independent Living

Knox – Stone-Hayes Center for Independent Living

Lake – Lake County CIL

LaSalle – Illinois Valley CIL

Lawrence – Opportunities for Access CIL

Lee – Northwestern Illinois CIL

Livingston – LIFE Center for Independent Living

Logan – Springfield CIL

Macon - SAIL

Macoupin – Impact

Madison - Impact

Marion – Opportunities for Access CIL

Marshall – Illinois Valley CIL

Mason – Jacksonville Area Center for Independent Living

Massac – Southern IL CIL

McDonough – West Central Illinois CIL

McHenry – Lake County CIL

McLean – LIFE Center for Independent Living

Menard – Springfield CIL

Mercer – Illinois/Iowa ILC

Monroe – LINC Inc.

Montgomery – Springfield CIL

Morgan – Jacksonville Area Center for Independent Living

Moultrie - SAIL

Ogle – Northwestern Illinois CIL

Peoria – Advocates for Access

Perry – Southern IL CIL

Piatt - PACE

Pike – West Central Illinois CIL

Pope – Southern IL CIL

Pulaski – Southern IL CIL

Putnam – Illinois Valley CIL

Randolph – LINC, Inc

Richland – Opportunities for Access CIL

Rock Island – Illinois/Iowa ILC

Saline – Southern IL CIL

Sangamon – Springfield CIL

Schuyler – West Central Illinois CIL

Scott – Jacksonville Area Center for Independent Living

Shelby - SAIL

St. Clair – LINC, Inc.

Stark – Illinois Valley CIL

Stephenson - RAMP

Tazewell – Advocates for Access

Union – Southern IL CIL

Vermilion - PACE

Wabash – Opportunities for Access CIL

Warren – Stone-Hayes Center for Independent Living

Washington – Opportunities for Access CIL

Wayne – Opportunities for Access CIL

White – Opportunities for Access CIL

Whiteside – Northwestern Illinois CIL

Will – Will-Grundy CIL

Williamson – Southern Il CIL

Winnebago - RAMP

Woodford – Advocates for Access

**Centers for Independent Living**

**Contact Information**

**Access Living of Metropolitan Chicago** (V) 312-640-2100

115 W. Chicago Avenue (T/VR) 312-640-2102

Chicago, IL 60654 Toll Free 800-613-8549 (F) 312-640-2101

Daisy Feidt Director of Programs dfeidt@accessliving.org

Serving the City of Chicago

**Advocates for Access** (V) 309-682-3500

4450 N. Prospect Rd., Suite C8 (TTY) 309 682-3567

Peoria Heights, IL 61616 (F) 309-682-3989

Jodi Alwan, Interim Director (VR) 309-863-5847

jalwan@advocatesforaccess.com

[www.Advocatesforaccess.com](http://www.Advocatesforaccess.com)

Serving Fulton, Peoria, Tazwell and Woodford Counties

9th Judicial Circuit – Fulton

10th Judicial Circuit – Peoria, Tazwell

11th Judicial Circuit - Woodford

**AIM Center for Independent Living** (V) 630-469-2300

2 Locations: (TTY) 630-469-2492

739 Roosevelt Rd. Building 8, #109 (F) 630-469-2606

Glen Ellyn, IL 60137 No VR phone

Serving DuPage County

12th Judicial Circuit – DuPage

1710 N. Farnsworth Avenue

Aurora, IL 60505

Serving Kane and Kendall Counties

16th Judicial Circuit – Kane, Kendall

Leigh Ann Stephens, Executive Director [ed\_dupagecil@sbcglobal.net](mailto:ed_dupagecil@sbcglobal.net)

**Illinois/Iowa ILC (IIILC)** (V/T) 309-793-0090

3708 11th St. (F) 309-793-5198

P.O. Box 6156 (VR) 309-948-6676

Rock Island, IL 61201 [execdirector@iicil.com](mailto:execdirector@iicil.com)

Liz Sherwin, Executive Director www.iicil.com

Serving Henry, Mercer and Rock Island Counties in IL

Clinton, Muscatine and Scott in IA

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**Illinois Valley CIL** (V/T) 815-224-3126

18 Gunia Drive (F) 815-224-3576

LaSalle, IL 61301 Toll Free 800-822-3246

Donna Joerger, ExecutiveDirector (VR) 815-410-9015

ed@ivcil.com [www.ivcil.com](http://www.ivcil.com)

Serving Bureau, LaSalle, Marshall, Putnam and Stark Counties

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13th Judicial Circuit – Bureau, La Salle

**IMPACT**  (V) 618-462-1411

2735 East Broadway (T) 618-474-5333

Alton, IL 62002 (F) 618-474-5309

Cathy Contarino, Executive Director (VR) 618-208-1146

[contarino@impactcil.org](mailto:contarino@impactcil.org)

Serving Bond, Calhoun, Greene, Jersey, Macoupin and Madison Counties

3rd Judicial Circuit – Bond, Madison

7th Judicial Circuit – Greene, Jersey, Macoupin

8th Judicial Circuit – Calhoun

**Jacksonville Area Center for Independent Living**

15 Permac Road(V/TTY) 217-245-8371

Jacksonville, IL 62650 (T) 217-245-1991

Becky McGinnis, Executive Director (F) 217-245-1872

Toll Free (V/T) 888-317-3287

[becky@jacil.org](mailto:becky@jacil.org)

www.jacil.org

Serving Cass, Mason, Morgan, and Scott Counties

7th Judicial Circuit – Morgan, Scott

8th Judicial Circuit – Cass, Mason

**Lake County CIL** (V) 847-949-4440

377 N. Seymour Ave. TTY 847-949-0641

Mundelein, IL 60060 (F) 847-949-4445 Kelli Brooks, Executive Director (VR) 866-929-9567

kelli@lccil.org

Serving Lake and McHenry Counties

19th Judicial Circuit – Lake

22nd Judicial Circuit - McHenry

**LIFE Center for Independent Living** (V) 309-663-5433

2201 Eastland Drive, Suite #1 (T) 309-663-0054

Bloomington, IL 61704 (F) 309-663-7024

Gail Kear, Executive Director Toll Free 888-543-3245

VRS outgoing calls only

[www.lifecil.org](http://www.lifecil.org/)

[gail@lifecil.org](mailto:lifecil@lifecil.org)

Serving Dewitt, Ford, Livingston and McLean Counties

6th Judicial Circuit – DeWitt

11th Judicial Circuit – Ford, Livingston, McLean

**LINC, Inc.** (V/TTY) 618-235-9988

# 1 Emerald Terrace, Suite 200 (F) 618-233-3729

Swansea, IL 62226 (VR) 618-310-0054

Lynn Jarman, Executive Director www.lincinc.org

[ljarman@lincinc.org](mailto:ljarman@lincinc.org)

Serving Monroe, Randolph, and St. Clair Counties

20th Judicial Circuit

**Northwestern Illinois CIL (NICIL)** (V) 815-625-7860

412 Locust Street (T) 815-625-7863

Sterling, IL 61081 (F) 815-625-787

Kathy Fischer, Executive Director No VR phone

[kathy@nicil.org](mailto:kathy@nicil.org)

[www.nicil.org](http://www.nicil.org)

Serving Carroll, Jo Daviess, Lee, Ogle, and Whiteside Counties

14th Judicial Circuit - Whiteside

15th Judicial Circuit – Carroll, Jo Daviess, Lee, Ogle

**Opportunities for Access CIL** (V) 618-244-9212

4206 Williamson Place, Suite 3 (TTY) 618-244-9575

Mt. Vernon, IL 62864 (F) 618-244-9310

Mike Egbert, Executive Director No VR phone

[spud@ofacil.org](mailto:spud@ofacil.org)

Serving Clay, Clinton, Crawford, Edwards, Effingham, Fayette, Hamilton, Jasper, Jefferson, Lawrence, Marion, Richland, Wabash, Washington, Wayne, and White Counties

2nd Judicial Circuit – Crawford, Edwards, Hamilton, Jefferson, Lawrence, Richland, Wabash, Wayne, White

4th Judicial Circuit – Clay, Clinton, Effingham, Fayette, Jasper, Marion

20th Judicial Circuit – Washington

**Options Center for Independent Living** (V) 815-936-0100

22 Heritage Drive, Suite 107 (T) 815-936-0132

Bourbonnais, IL 60914 (F) 815-936-0117

Kathy Petersen, Executive Director (VR) 217-689-0289

Kathy.Petersen@Optionscil.com

Serving Iroquois and Kankakee Counties

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**Persons Assuming Control of their Environment (PACE)**

1317 E. Florida(V) 217-344-5433

Urbana, IL 61801 (T) 217-344-5024

Nancy McClellan-Hickey, Executive Director (F) 217-344-2414

(VR) 217-689-0289

[nmch@pacecil.org](mailto:nmch@pacecil.org)

Serving Champaign, Douglas, Edgar, Piatt, and Vermilion Counties

5th Judicial Circuit – Edgar, Vermilion

6th Judicial Circuit – Champaign, Douglas, Piatt

**Progress CIL** (V) 708-209-1500

7521 Madison Street (T) 708-209-1826

Forest Park, IL 60130 (F) 708-209-1735

Horacio Esparza, Executive Director VR outgoing calls only

hesparza@progresscil.org

Serving Suburban Cook County

**Regional Access & Mobilization Project (RAMP)** (V/T) 815-968-7467

202 Market Street (T) 815-968-2401

Rockford, IL 61107 (F) 815-968-7612

Julie Bosma, Executive Director (VR) 815-977-7172

(VR) 866-291-1284

jbosma@rampcil.org

Serving Boone, De Kalb, Stephenson and Winnebago Counties

15th Judicial Circuit - Stephenson

16th Judicial Circuit - DeKalb

17th Judicial Circuit –Boone & Winnebago

**Southern Illinois CIL** (V/T) 618-457-3318

P.O. Box 627, 2135 W. Ramada Lane (F) 618-549-0132

Carbondale, IL 62901 No VR phone

Bonnie Vaughn, Executive Director bvaughnsicil@sicil1.org

Serving Alexander, Franklin, Gallatin, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union and Williamson Counties

1st Judicial Circuit – Alexander, Jackson, Johnson, Massac, Pope, Pulaski, Saline, Union, Williamson

2nd Judicial Circuit – Franklin, Gallatin, Hardin

20th Judicial Circuit – Perry

**Soyland Access to Independent Living (SAIL)** (V) 217-876-8888

2449 Federal Drive (F) 217-876-7245

Decatur, IL 62526 Toll Free (V/T) 1-800-358-8080

Jeri Wooters, Executive Director No VR phone

[jwooters@decatursail.com](mailto:jwooters@decatursail.com)

Serving Clark, Coles, Cumberland, Macon, Moultrie, and Shelby Counties

4th Judicial Circuit - Shelby

5th Judicial Circuit – Clark, Coles, Cumberland

6th Judicial Circuit – Macon, Moultrie

**Springfield CIL** (V/T) 217-523-2587

330 S. Grand Avenue W. (T) 217-523-6304

Springfield, IL 62704 ERP 1-800-447-4221

Pete Roberts, Executive Director (F) 217-523-0427

No VR phone

[scil@scil.org](mailto:scil@scil.org)

Serving Christian, Logan, Menard, Montgomery and Sangamon Counties

4th Judicial Circuit – Christian, Montgomery

7th Judicial Circuit – Sangamon

8th Judicial Circuit – Logan, Menard

**Stone-Hayes Center for Independent Living** (V/T) 309-344-1306

39 North Prairie Street (F) 309-344-1305

Galesburg, IL 61401 (T) 309-344-1306

Dale Parsons, Executive Director Toll Free (V/T) 888-347-4245

(VR) 3098635862 [dalep@stone-hayes.org](mailto:dalep@stone-hayes.org)

Serving Henderson, Knox, and Warren Counties

9th Judicial Circuit

**West Central Illinois CIL**  (V) 217-223-0400

300 Maine St., Ste 146 (T) 217-223-0475

PO Box 1065 (F) 217-223-0479

Quincy, IL 62301 1-800-225-0407

Glenda Farkas, Executive Director No VR phone

[ciledqcy@adams.net](mailto:ciledqcy@adams.net)

[wcicil@adams.net](mailto:wcicil@adams.net)

Serving Adams, Brown, Hancock, McDonough, Pike and Schuyler Counties

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2415 A West Jefferson Street (T) 815-729-2085

Joliet, IL 60435 (F) 815-729-3697

Pam Heavens, Executive Director (VR) 815-768-2582

pamwgcil@sbcglobal.net

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13th Judicial Circuit - Grundy

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Springfield, IL 62701 1-800-587-1227

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