

'TOGETHER WE CAN MAKE A DIFFERENCE:'

**A Police Orientation Manual On
Citizens With Disabilities**



136582



136582

PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY

2
"TOGETHER, WE CAN MAKE A DIFFERENCE"

A Police Orientation Manual on Persons with Disabilities

Project Coordinator

Rodney L. Kelley

Harrisburg, Pennsylvania

August 1991

NCJRS

MAY 18 1992

ACQUISITIONS

136582

**U.S. Department of Justice
National Institute of Justice**

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Pennsylvania Commission on
Crime and Delinquency

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

ACKNOWLEDGMENTS

"Together, We Can Make A Difference" would not have been possible without nearly two years of work by a combined team of citizens, organizations and staff from the Pennsylvania Commission on Crime and Delinquency. This team, representing every region of the Commonwealth, unselfishly gave of their time and resources to generate a manual that is a source of pride to all of us.

The idea first originated from the Housing Consortium for Disabled Individuals in the course of their work with the disabled community in Philadelphia. Concerned over what they saw was an increasing crime problem victimizing their clientele, they began a crime awareness program educating the community on how to prevent being victimized. This caused them to realize that the police had no formal education available on how to effectively dialogue with persons having disabilities. Realizing the complexity of the task, they sought out the Commission on Crime and Delinquency. From that point the project took on an impetus of its own.

HCDI, throughout the planning and development of the manual, has continued to be the bedrock of our efforts. With encouragement, advice, and support, their commitment has insured that the project did not lose sight of its primary objectives. Several staff and associates of HCDI deserve special recognition.

Ms. Denise Aiello
Dr. Lee Capkin
Dr. Szabi Ishtai-Zee
Officer John J. Hood

Early on we realized that the community needed to have a forum to express their thoughts. This was addressed by HCDI staff in their formation of a review group. Representing a wide range of law enforcement, advocacy and social service groups, they unselfishly gave their time and effort to the project. Whether defining issues, developing action plans, reviewing draft documents, or providing additional resources, these individuals contributed immeasurably to the final product.

Thomas Armstrong
James Arnold
Joyce Brock
Joe Clark

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

Edward Cole
Kimberly Coleman-Reilly
Barbara Davis
Mark Davis
Whittier Dough
John W. Fisher
Frank Gable
Steven Gorstad
David Hollingshead
Ann Linsky
William J. McConeghey
Frank Menna
Captain David Morrell
James Newton
Sister Grace Patrice, SSJ
Desiree Peterson
Sandra Pickering
Officer William Riveron
Mary Ann Roache
Debbi Robinson
Officer Brenda Robinson-Stowe
Joseph Scullin
Sydel Seitlin
Ilene Shane
Sigi Shapiro
Peter Solomon
Joan Sullivan
Sergeant Joseph Turner
Richard Young

Special note is made of the contributions of Mr. William McConeghey of the Delaware County Group for Hard of Hearing People who composed the bulk of Chapter II. After a review of the first draft, he took it upon himself to rewrite the section based on input from the review groups.

We should also make mention of the contributions of Mr. James Arnold of the Meridian Bank in Philadelphia. On behalf of that institution, he facilitated the provision of meeting rooms and lunches for the review group. This greatly enhanced the effectiveness of that effort.

As the project took shape, the importance of expanding the review group to include other regions of the state became apparent. In the west, Mr. David Engle of the Allegheny County Department of Aging took the lead in developing a group representing that part of the Commonwealth. They

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

assumed a role similar to the eastern group providing their thoughts and resources unselfishly.

Dennis Apter
Jan Bayfield
Marsha Blanco
Rick Boyle
Carrol Campbell
William Chrisner
William Coleman
Ann Golin
John Lovelace
Karen McCann
Tish Pferdehirt

Once these review groups defined the parameters of the project, other organizations came forward to provide additional insights and resources. These included advocacy groups, social service organizations and police departments with practical experience working with the disabled in their communities.

Abington Township Police Department
Allegheny County Sheriff's Department
Allentown Police Department
Association for Retarded Citizens
Autism Support and Advocacy in Pennsylvania
Campus Crime Prevention Practitioners'
Association
Catholic Office for the Deaf
Center for Victims of Violent Crime
Cranberry Township Police Department
Delaware County Group for Hard of Hearing
People
Development Disabilities Planning Council
Disabled American Veterans Association
Epilepsy Foundation
Erie Police Department
Johnstown Police Department
Lancaster Bureau of Police
Mental Health Association
Mount Lebanon Police Department
Multiple Sclerosis Society
National Crime Prevention Council
National Head and Spinal Cord Injury
Prevention Program
National Society for Autistic Children

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

Office for Independent Living (County of Allegheny)
Office of Vocational Rehabilitation (Department of Labor and Industry)
Pennsylvania Association for Children and Adults with Learning Disabilities
Pennsylvania Board of Probation and Parole
Pennsylvania Chiefs of Police Association
Pennsylvania Coalition Against Rape
Pennsylvania Coalition on Citizens with Learning Disabilities
Pennsylvania Easter Seal Society
Pennsylvania Tourette Syndrome Association
Pennsylvania State Police
Philadelphia Adult Probation Department
Philadelphia Police Department
Pittsburgh Blind Association
Resources for Independent Living Center
Spina Bifida Association
Three Rivers Center for Independent Living
United Cerebral Palsy Association
University of Pittsburgh School of Education
Warminster Township Police Department

The contributions of each volunteer and association added a unique element to the quality of the document. They, coupled with the participants in the PCCD Conference which reviewed the initial draft of the document, deserve our thanks.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

TABLE OF CONTENTS

Preface.....	i
Chapter One	
Introduction.....	1.1
I. Background.....	1.1
II. Goals and Objectives.....	1.3
III. Contents.....	1.3
IV. Readers' Aids.....	1.5
V. Understanding Disabilities.....	1.5
VI. Reading and Resources.....	1.11
Chapter Two	
Persons with Hearing Impairments.....	2.1
Advance Organizers.....	2.1
I. Introduction.....	2.2
II. Personalities.....	2.2
III. Types of Hearing Impaired Groups.....	2.3
IV. Recognizing Hearing Impairment.....	2.4
V. Communication Methods.....	2.5
VI. Interpreters.....	2.7
VII. Culture and Communication.....	2.8
VIII. Police Contact.....	2.9
IX. General Rules.....	2.10
X. Reading and Resources.....	2.13

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

Chapter Three	
Persons with Mobility Impairments.....	3.1
Advance Organizers.....	3.1
I. Introduction.....	3.3
II. Types.....	3.3
III. Implications.....	3.5
IV. Special Needs.....	3.5
V. Police Situations.....	3.7
VI. Persons with Epilepsy.....	3.10
VII. Reading and Resources.....	3.12
Chapter Four	
Persons with Visual Impairments.....	4.1
Advance Organizers.....	4.1
I. Introduction.....	4.2
II. Types.....	4.2
III. Implications.....	4.3
IV. Abilities.....	4.3
V. Police Situations.....	4.4
VI. Citizens who are both Deaf and Blind.....	4.6
VII. Reading and Resources.....	4.9
Chapter Five	
Persons with Communication Impairments.....	5.1
Advance Organizers.....	5.1
I. Introduction.....	5.2
II. Types.....	5.2
III. Implications.....	5.3

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

IV. Abilities.....	5.3
V. Special Needs.....	5.4
VI. Reading and Resources.....	5.5
Chapter Six	
Persons with Mental Illness.....	6.1
Advance Organizers.....	6.1
I. Introduction.....	6.2
II. Categories.....	6.2
III. Degrees.....	6.3
IV. Symptoms.....	6.3
V. Police Situations.....	6.5
VI. Reading and Resources.....	6.7
Chapter Seven	
Persons with Developmental Disabilities (Mental Retardation).....	7.1
Advance Organizers.....	7.1
I. Introduction.....	7.2
II. Levels of Retardation.....	7.2
III. Police Situations.....	7.3
IV. Reading and Resources.....	7.4
Chapter Eight	
Outreach to the Disabled Population.....	8.1
Advance Organizers.....	8.1
I. Introduction.....	8.2
II. Outreach.....	8.3
III. Reading and Resources.....	8.4

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

Bibliography..... iii

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

PREFACE

We have written this manual for law enforcement officers whose duties and responsibilities require the ability to communicate effectively with persons having disabilities. We envision the manual will serve as a catalyst for better understanding between police and this important, growing segment of Pennsylvania's populace.

"Together, We Can Make A Difference" is designed to stand on its own or be used as the basis of a training course that orients police officers to understand the needs of persons with disabilities. However, keep in mind that the nature of each disability requires that a unique set of needs be addressed. An orientation manual can only provide general guidance that, to be effective, must be complemented by local input. The best use of this manual is to serve as the basis for developing a bond between police and their communities of persons with disabilities. Once that is accomplished, these citizens can join with others across Pennsylvania to assist their law enforcement officers in reducing the fear and incidence of crime.

The process used to compose this document took the form of several clearly defined steps. We wanted the document to be a practical tool, easy to understand and use in daily operations. This demanded a clear understanding of our citizens' concerns and perspectives. Staff of the Housing Consortium for Disabled Individuals worked to gather a group that represented the broad spectrum of the Philadelphia area community. This group was later complemented by others, most notably from the western portion of the Commonwealth.

Our first task was to develop, in order of priority, a list of community needs. This included not only the concerns of the disabled community but, equally important, the issues important to law enforcement officers. The review groups, through a series of meetings, composed their thoughts. These sessions produced not only viewpoints on the nature of the problem but also ideas on practical and feasible strategies to resolve them.

We then gathered all available research reports, brochures, pamphlets, and training programs. Of significant assistance were documents developed by the State of Illinois, Gallaudet College, Pittsburgh Anti-Victimization Project, and

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

the National Council on Senior Citizens. These were complemented by a wide number of other references, all of which are noted in the bibliography. The review groups extracted the information pertinent to the needs of Pennsylvanians and, with the permission of the authors, included these points in the manual.

Another vital element of the review process was to capture the experiences of Pennsylvanians with disabilities. Most of our first impressions were made by review group members who represent the broad spectrum of the community. This was followed by more extensive discussions throughout the Commonwealth with innumerable public officials, police and citizens. This process culminated in a conference hosted by the PCCD in 1990 where these groups had an opportunity to share their views with other members of the community. These concerns, comments and observations by hundreds of Pennsylvanians are the cornerstone of "Together, We Can Make A Difference."

Just as important to the authors was an appreciation of the police perspective. Officers and departments across the state with experience in community programming were identified. Those who had developed programs for working with the disabled were especially sought. They became partners in the development and review of the manual adding their thoughts on how to make it a viable tool for police operations.

We hope that each of the participants in this process share a sense of ownership in the final product. Their concerns, comments, observations and thoughts were carefully woven into the final product. The intricate process of weaving their perspectives over a two year period into the final draft was an enlightening experience. It allowed all of us to realize our potential to make "Together, We Can Make A Difference" a catalyst for positive change in Pennsylvania's law enforcement community.



Chapter I

INTRODUCTION

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

CHAPTER ONE
INTRODUCTION

I. BACKGROUND

The basic responsibility of every police officer is to serve and protect all members of their community. To be effective, officers must be able to communicate effectively with all citizens. For many years police have not had an instrument to relate to the special needs of Pennsylvanians with disabilities. This manual, developed by a team of police officers, citizens and other concerned persons, provides the fundamentals for understanding the needs of disabled persons while providing insights to serve them effectively.

For us to appreciate their situation, we must first acquire a sense of how they live, where they work and, most important, their perspectives on safety and security. Our task is complicated by the lack of a uniform system in the Commonwealth or for that manner in the United States to tabulate data on persons with disabilities. Our Commonwealth suffers from the same affliction. One recent survey by the Pennsylvania Department of Labor and Industry, studying vocational needs, estimated that over 300,000 of our state's citizens experience disabilities that impair their ability to be employed.¹ Given the nature of physical and mental disabilities, the number is probably much higher. Some authorities estimate that 10% to 15% of our citizens can be classified as disabled.²

No matter the exact figure, it is clear that police officers must possess the capability to relate to this growing segment of our population. In response to public outcry, laws guaranteeing equal rights for persons with disabilities have been enacted. Exhibit 1-1 summarizes the major features of the United States Americans with Disabilities Act. This is complemented in Exhibit 1-2 by an extract from the Rehabilitation Act of 1973 relating to the obligations of law enforcement agencies.

Realizing the importance of this mandate, the key to success is to develop a sense of empathy with persons having disabilities. Social service authorities who work in this field state that police should identify with and understand their situation, feelings and motives. Thus, our first task is to gain an understanding of how persons with disabilities view the world.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

As police officers you already have a good idea of what is the perfect breeding ground for crime and victimization. It is congested, so that there are plenty of potential victims and ready opportunity for perpetrators to become lost in buildings and grounds. It has a high concentration of physically vulnerable victims, such as persons with disabilities, who minimize the risk facing criminals. It has communities which are deteriorating, perhaps in the physical sense but certainly in the sense of there being a lack of community spirit. Though at first glance it might appear that these exist primarily in urban settings, the fact is that many disabled live where these are also present in suburban and rural communities.

When one experiences an impairment, they often have difficulty participating fully in their communities' activities. The immediate offshoot is a sense of alienation and a world limited in many ways to the physical limits of their residence. A sense of isolation grows, increasing fear and vulnerability.

In that regard, another issue complicates the situation. Pennsylvania Uniform Crime Reports do not report criminal victimization as it applies to persons with disabilities. Police, social service agencies and community leaders agree that this lack of data contributes to the problem. The resultant self-perceived physical, emotional or economic vulnerability heightens fear of crime reducing quality of life.

Unfortunately, many of Pennsylvania's disabled live under these circumstances. This casts a shadow over their ability to enjoy life while inadvertently increasing their probability of being victimized.

Most Pennsylvanians with disabilities want to be self-sufficient. They experience the same feelings and goals as their neighbors. These citizens usually have accepted and adapted to their disabilities. However, dealing with crime, especially the fear of crime, is difficult. By constructively addressing their concerns and developing a program that taps their energies, police can make a significant contribution to their community.

This book is intended to be a catalyst for change. We intend that it will be used to prompt action. Our first step was to provide for a forum for representatives from the

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

disabled community to map out their concerns. These were reviewed by a team from police and social service agencies. Together, they developed a series of practical actions that police can take to effectively serve persons with disabilities. This is presented in a manner that easily can be incorporated into the current operating procedures followed by most police departments.

Now that we have explained why this book was written, our next task is to illustrate how it is organized.

II. GOALS AND OBJECTIVES

The goal of this handbook is to educate police officers to recognize and respond to the crime-related needs of persons with disabilities in Pennsylvania. This book provides facts about the nature of disabilities, the measures police should take when serving this community, and the basic skills needed to provide anti-crime services to disabled citizens.

More specifically, the objectives are to make the reader more knowledgeable about:

1. The major issues faced by persons with disabilities when dealing with police.
2. The needs of disabled citizens caused by the fear and incidence of crime.
3. Actions that police and disabled persons can take to decrease vulnerability, reduce fear and improve their chances of overcoming the effects of victimization.
4. Resources which can be tapped to provide services to these citizens.

III. CONTENTS

This handbook is divided into eight chapters. Chapters One through Eight review each major type of disability providing police the information they need to effectively address their special needs.

The chapters are intended to be free-standing. They can be read and used alone, or in combination to tackle a specific problem.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

Briefly, the chapters contain the following information:

1. CHAPTER ONE - INTRODUCTION. This chapter raises the issue of the role of police officers in their dealing with persons having disabilities. It states the need for effective police dialogue and outlines the book's objectives, content and methods. A primer on the nature of disabilities completes this segment.
2. CHAPTER TWO - PERSONS WITH HEARING IMPAIRMENTS. Here we illustrate the information needed by police when serving persons who have hearing limitations. The chapter looks at personalities, types, recognition of hearing impairments, communication methods, interpreters, police guidelines, and general rules.
3. CHAPTER THREE - PERSONS WITH MOBILITY IMPAIRMENTS. This chapter provides data on methods to address the special needs of this community. It outlines types, implications, needs, police situations and epilepsy.
4. CHAPTER FOUR - PERSONS WITH VISUAL IMPAIRMENTS. Here we review types, implications, abilities, and police situations. A final section describes the special needs of citizens who are both deaf and blind.
5. CHAPTER FIVE - PERSONS WITH COMMUNICATION IMPAIRMENTS. This chapter gives types, implications, abilities and special needs.
6. CHAPTER SIX - PERSONS WITH MENTAL ILLNESS. Here we provide guidelines to follow when addressing the needs of mentally ill persons. Categories, degrees, symptoms and police situations are covered.
7. CHAPTER SEVEN - PERSONS WITH DEVELOPMENTAL DISABILITIES (MENTAL RETARDATION). This section introduces the police officer to this disability by providing orientation material and essentials to keep in mind during police situations.
8. CHAPTER EIGHT - OUTREACH TO THE DISABLED POPULATION. Here we stress the importance of developing a line of communication to persons with disabilities. This

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

will bolster understanding as well as develop a support system for crisis situations.

IV. READERS' AIDS

Each chapter in this handbook contains several aids designed to assist the reader in retaining what he or she learns in this chapter.

1. ADVANCE ORGANIZERS. At the beginning of each chapter, we will summarize and highlight the most important information contained in that section. This allows the reader to have a sense of what will follow. Our intent is to provide the reader an increased ability to organize and integrate the information while studying.
2. TABLES AND FIGURES. These are included as exhibits listed in order at the end of each chapter. We believe that these visual aids make the topic being discussed more real and memorable.
3. READING AND RESOURCES. We hope that the chapter will stimulate the reader's interest and that they will want more information. Naturally, no one resource can provide all available data. In that vein, we conclude each chapter with references and suggested readings in other books and publications.

V. UNDERSTANDING DISABILITIES

Persons with disabilities do not fit neatly into a single group. They are a community of persons, each with a unique personality and set of needs. Key to an officer's success is to deal with these citizens the same as you do all others. That is, reflect upon the situation and address the issue at hand.

What follows is a series of questions and answers which provide the basis for understanding the points noted in the chapters that follow. They have been compiled by the authors in response to common inquiries by police officers.

1. WHAT IS A DISABILITY? There are many definitions of disability. Disabled persons, organizations which represent them, and state/federal legislation define the term differently. For this manual, a disability is a limitation to a sensory, mobility,

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

communication, mental, or emotional function.³ A person with a disability limits their activities based on the nature of their impairment. The categories of limitations are grouped by slight, moderate or severe degrees.

Persons considered disabled have permanent or chronic limitations. Their limitations normally do not disappear over time. However, through the use of technological devices or rehabilitation therapy, reductions in their impairments sometimes occur.

Persons experiencing physical disabilities may have limitations with sensory, mobility or communications faculties.⁴ Hearing and visual impairments are the main sensory limitations. Paralysis, orthopedic impairments and absence of one or more major extremities restrict mobility. Limitations in language formulation, voice, speech and hearing difficulties cause communication impairments.

While some persons are multiply disabled, one limitation does not mean the person has difficulties with another function. For example, if a person has a physical disability you should not assume that they also have another physical impairment or mental disorder. Persons with physical disabilities have no more mental handicaps than the rest of the population.

People with disabilities live their lives like the rest of us. They have the same feelings and goals. They work in the same way as the rest of the community. These citizens have families and friends just like able-bodied persons. They usually have accepted and adapted to their disabilities.

As we stated earlier, a disability is a limitation that might prevent a person from performing certain tasks efficiently and quickly. In many cases, devices that provide assistance are available to help with their disability.

2. HOW MANY PEOPLE ARE PHYSICALLY DISABLED? There is no clear figure on how many disabled persons live in our country. One reason is that the definition of disability and method of counting disabled persons varies from state-to-state. For these and other

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

reasons, the range of estimates is wide. In the United States the number of persons with disabilities extends from 27 to 43 million persons or 10% to 15% of the population.⁵

The latest and most complete survey of persons with disabilities is the one conducted by Louis Harris and Associates for the International Center for the Disabled between November and December 1985.⁶ Taking a national cross-section, the survey estimated that there are 27 million people who fall into the disabled category. In all they stated that just over one in every seven people 16 years of age or older are disabled.

Authorities calculate that one-third experience severe disabilities since they need help to perform routine functions.⁷ Many more experience limiting conditions but are not classified as disabled.

According to Louis Harris, most of the disabled live close to the poverty level.⁸ Fully one in every ten of their families have incomes of \$15,000 or less. A third of elderly disabled are in households with incomes of \$7,500 or less a year. If a person is disabled, they are twice as likely to live in poverty than the able-bodied. What is more, most of the disabled seem doomed to remain in poverty since many are undereducated. Fully 40% have never finished high school, compared with no more than 15% among the nondisabled.

These economic insecurities, compounded by educational deficiencies, are added to by a whole set of physical and psychological impediments that result from being disabled. Many of the disabled report real apprehensions over getting hurt, coming down sick, or being victimized by crime because of their disability. They also have a sense of dependence because they require help just to get around.

In the Harris survey, 56% of all the disabled respondents noted that they had difficulty in getting around and attending cultural and sporting events.⁹ Approximately 67% of the severely disabled say they are virtually immobile, as is the case with 79% of the very severely disabled. It is not

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

surprising that 57% of the disabled say that their disability has shut them out from realizing their potential as human beings.¹⁰

A definitive study of Pennsylvania's disabled community is not available. Illustrating the major characteristics of this group are extracts from a recent survey conducted by the Department of Labor and Industry.¹¹ Exhibits 1-3 through 1-7 describe this community from a vocational perspective.

3. LEGISLATION AND SOCIAL SERVICES FOR DISABLED PERSONS. Today, more than ever before, persons with disabilities are entering the mainstream of society. This is due in many respects to a wave of legislation at the national, state and local levels. Aside from local wording, their common theme is mandating the disabled citizen's rights as equals in our society. Before beginning your local program, we advise consulting with the local solicitor to be aware of any statutes which may assist with your efforts.

A majority of the disabled in the Louis Harris poll (53%) stated that it is difficult to find out what services are available to the disabled in their community. This survey noted that most feel that there is no outreaching hand to help them cross the critical bridge from an inert and hopeless existence in the shadows to fulfilling work in the outside world. However, due to legislation, there is a sense of hope and optimism existing among the largest and least acknowledged American minority.

The United States Rehabilitation Act of 1973 was one of the first significant pieces of legislation. That Act, and later amendments, provided equal opportunities in employment and transportation. Further, this Bill guaranteed access to federal buildings for persons with disabilities. Legislation that followed gave equal educational opportunities for all handicapped children.

From these legislative initiatives we can see the progress in our communities. Curb cuts, elevators, and special bus lifts, among others, allow persons with disabilities access to their community. Ramps and electronic doors are visible in buildings.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

Telephone amplifiers for hard-of-hearing persons and teletypewriters for deaf persons are available in most public and private buildings. School districts now make arrangements to educate children with disabilities the same as other young people. Finally, more disabled persons are entering the work force as their employers realize their usefulness and accommodate their needs.

Pennsylvania has also joined this campaign. Among several state and local statutes requiring equal opportunity is the Human Relations Act of 1955. It prohibits discrimination of persons with disabilities. Another important law is the Architectural Barriers Act of 1988 which sets standards making buildings accessible for persons with handicaps.

A network of social service organizations is available to assist persons with disabilities. Representing the full spectrum of persons with disabilities, they stand ready to answer questions and offer their services. Exhibit 1-8 lists the addresses of a representative sampling of national and state advocacy and service groups. Officers can either contact these offices directly or work through local agencies. A clearinghouse for information on groups serving persons with disabilities in the Commonwealth is the Pennsylvania Coalition of Citizens with Disabilities. Information on how to contact them is listed in the exhibit.

The disabled, according to the pollster Louis Harris, want desperately to join society as full partners.¹² The primary vehicle for doing this is jobs, accompanied by education. But, even before that, an infrastructure for the disabled must be created. Society must reach out to help them. They do not want pity. They want a chance to achieve self-respect. That will come only when they feel independent and self-reliant. Significantly, 45% view themselves as a cohesive and disadvantaged minority. The young who are disabled feel deeply about this. Also, fully 74% of the disabled report they have a common identity with all others who are disabled. With this common bond and a powerful determination, the disabled are beginning to feel

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

they can overcome.

4. DISABLED PERSONS AND CRIME. Figures that accurately illustrate the patterns of crime victimizing persons with disabilities are not available. This is the case both on the state and national levels. Notwithstanding, crime is a serious concern within the disabled community.

Unofficial surveys by social service organizations and police indicate that this community experiences both a high rate of criminal victimization and fear of crime. This, they feel, is due to a sense of helplessness and physical/mental vulnerability. It also might be caused by often residing in areas where there is both considerable poverty and high crime.

One group that has been surveyed extensively is the elderly. Since as much as one-third of the disabled community is over the age of 65, the results are helpful in providing insight on the disabled.¹³ Fear of crime has a serious impact on their quality of life. This is the case despite the fact that senior citizens are victimized much less than other segments of society. Their physical vulnerability causes anxiety which in turn is a significant detriment to a happy productive lifestyle.

As the public servants charged with addressing crime, police have an important role in addressing these issues. The disabled community needs to understand the true nature of the crime problem. In addition, measures that can reduce their vulnerability to crime should be offered in a manner that takes into account their special needs. The first task is to develop a sense of understanding on both the part of police and persons with disabilities. This manual attempts to provide some techniques that begin the process.

5. GUIDELINES FOR SERVING PEOPLE WITH DISABILITIES. When dealing with persons having disabilities, police must convey acceptance and understanding. This must be transmitted in both verbal and non-verbal communication. Non-verbal expressions are especially important. Positive expressions of posture, eye contact, and tone of voice make a

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

person feel comfortable and willing to communicate.

For the relationship to be mutually successful, establish a good rapport before the conversation begins. Be aware of posture such as leaning forward or withdrawing. Leaning forward often shows aggressiveness. Withdrawing may give the impression of disgust or fear. Nervous gestures, like playing with a pencil, may show that you are uncomfortable with the disabled person.

Eye contact is very important to the success of any relationship. Address the citizen directly even if someone is accompanying him or her. Talk and look at them even if they cannot see or hear you. Tone and volume of voice are equally important. Exhibit 1-9 provides guidelines for communicating with people having disabilities.

These guidelines may not be applicable to a specific situation. When in doubt, you should always ask the citizen with a disability how you can accommodate him or her.

VI. READING AND RESOURCES

Awareness is the First Step Toward Change: Tips for Portraying People with Disabilities, National Easter Seal Society, Chicago, Illinois.

Effective Responses to the Crime Problem of Older Americans: A Handbook, National Council of Senior Citizens, Washington, D.C., 1982.

Law Enforcement and the Disabled, Office of the Secretary of State, State of Illinois, Springfield, Illinois, 1985.

Law Enforcement and the Handicapped, Chicago Police Department, Chicago, Illinois.

Pennsylvania OVR Statewide Needs Assessment, Office of Vocational Rehabilitation, Department of Labor and Industry, Harrisburg, Pennsylvania, 1985.

Per-Lee, Myra. Victim Justice for Disabled Persons: A Resource Manual, Gallaudet College Press, Washington, D.C., 1980.

REFERENCES

- 1 Abt Associates, Pennsylvania - Our Statewide Needs Assessment, p. 11.
- 2 Per-Lee, Victim Justice for Disabled Persons, p. 9.
- 3 Ibid., p. 5.
- 4 Ibid., p. 6.
- 5 Harris, Inside America, p. 195.
- 6 Loc. cit.
- 7 Per-Lee, op. cit., p. 8.
- 8 Harris, loc. cit.
- 9 Loc. cit.
- 10 Abt, op. cit., p. 7.
- 11 Harris, op. cit., p. 198.
- 12 Loc. cit.
- 13 Per-Lee, op. cit., p. 14.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

FACT SHEET:
AMERICANS WITH DISABILITIES ACT *

TITLE I - EMPLOYMENT

1. **TITLE.** Employers with 15 or more employees may not discriminate against qualified individuals with disabilities. Employers must reasonably accommodate the disabilities of qualified applicants or employees, unless undue hardship would result.
2. **EFFECTIVE DATE.** July 26, 1992, for employers with 25 or more employees. July 26, 1994, for employers with 15 to 24 employees.
3. **REGULATIONS.** EEOC to issue regulations by July 26, 1991.
4. **ENFORCEMENT.** Individuals may file complaints with EEOC and a private lawsuit. Remedies are the same as available under Title VII of the Civil Rights Act. Court may order employer to hire or promote qualified individuals, reasonably accommodate their disabilities, pay back wages and attorney's fees.

TITLE II - PUBLIC SERVICES

1. **TITLE.**
 - A. State and local governments may not discriminate against qualified individuals with disabilities. New construction and alteration to existing facilities must be accessible. Existing facilities must meet program accessibility requirements consistent with section 504 of the Rehabilitation Act of 1973.
 - B. New buses and rail vehicles order after August 25, 1990 must be accessible.

* Information provided by the United States Architectural and Transportation Barriers Compliance Board. For more information, contact the Board at 111 18th St., N.W., Washington, D.C., 20036. Phone 1-800-USA-ABLE.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

- C. One car per train must be accessible by July 26, 1995.
 - D. Existing "key stations" in rapid rail, commuter rail, and light systems must be accessible by July 26, 1993. Extensions may be granted up to July 26, 2010 for commuter rail systems and July 26, 2020 for rapid and light rail systems for stations needing extraordinarily expensive structural changes.
 - E. Comparable paratransit must be provided by January 26, 1992 to individuals who cannot use fixed-route bus service to the extent that an undue financial burden is not imposed.
 - F. Amtrak passenger cars must have same number of accessible seats as would be available if every car in the train were accessible by July 26, 2000. Half of these seats must be available by July 26, 1995.
 - G. All existing Amtrak stations must be accessible by July 26, 2010.
- 2. EFFECTIVE DATE. January 26, 1992 except as noted.
 - 3. REGULATIONS. Attorney General to issue regulations except for public transportation by July 26, 1991. DOT to issue regulations for public transportation by July 26, 1991.
 - 4. ENFORCEMENT. Individuals may file complaints with federal agencies to be designated by the Attorney General. Individual may also file a private lawsuit. Court may order entity to make facilities accessible, provide auxiliary aids or services, modify policies, and pay attorney's fees.

TITLE III - PUBLIC ACCOMMODATIONS

- 1. TITLE.
 - A. Public accommodations such as restaurants, hotels, theaters, doctor's offices, retail stores, museums, libraries, parks, private schools, and day care centers may not discriminate on the basis of disability.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

Effective date is January 26, 1992.

- B. Physical barriers in existing facilities must be removed if readily achievable (i.e. Easily accomplishable and able to be carried out without much difficulty or expense). If not, alternative methods of providing services must be offered, if those methods are readily achievable. Effective date is January 26, 1992.
- C. Public accommodations and commercial facilities designed and constructed for first occupancy after January 26, 1992 must be accessible.
- D. Alterations to existing facilities must be accessible effective January 26, 1992. When alterations to primary function areas are made, an accessible path of travel must be provided to the altered area, and the restrooms, telephone and drinking fountains serving the altered area must also be accessible, to the extent that the added accessibility costs are not disproportionate to the overall alteration costs.
- E. Elevators are not required in newly constructed or altered buildings under three stories or with less than 3,000 square feet per floor, unless the building is a shopping center, mall, or health provider's office. The Attorney General may determine that additional categories of such buildings require elevators.
- F. New buses and other vehicles (except automobiles) operated by private entities must be accessible. A system in which vehicles are used must provide individuals with disabilities a level of service equivalent to that provided to the general public. This applies to vehicles ordered after August 25, 1990.
- G. New over-the-road buses must be accessible. This applies to those ordered after July 26, 1996.

2. EFFECTIVE DATE. Noted in the title.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

3. REGULATIONS. Attorney General to issue regulations except for privately operated transportation by July 26, 1991. Department of Transportation to issue regulations for privately operated transportation by July 26, 1991.

4. ENFORCEMENT.
 - A. Individual may file complaints with the Attorney General. Individuals may also file a private lawsuit.

 - B. Remedies are the same as available under Title II of the Civil Rights Act of 1964. Court may order an entity to make facilities accessible, provide auxiliary aids or services, modify policies, and pay attorney's fees.

 - C. Lawsuits may not be filed against small businesses for violations occurring before July 26, 1992 except for violations relating to new construction or alterations to facilities.

 - D. Court may award money damages and impose civil penalties in lawsuit filed by Attorney General, but not in private lawsuit filed by individuals.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

UNITED STATES REHABILITATION ACT (SECTION 504)
POLICE RESPONSIBILITIES *

Section 504 of the Rehabilitation Act as amended, provides that "...no otherwise qualified handicapped individual in the United States...shall solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

The majority of police departments in the United States receive financial assistance from one or more federal agencies and are consequently subject to the requirements of Section 504.

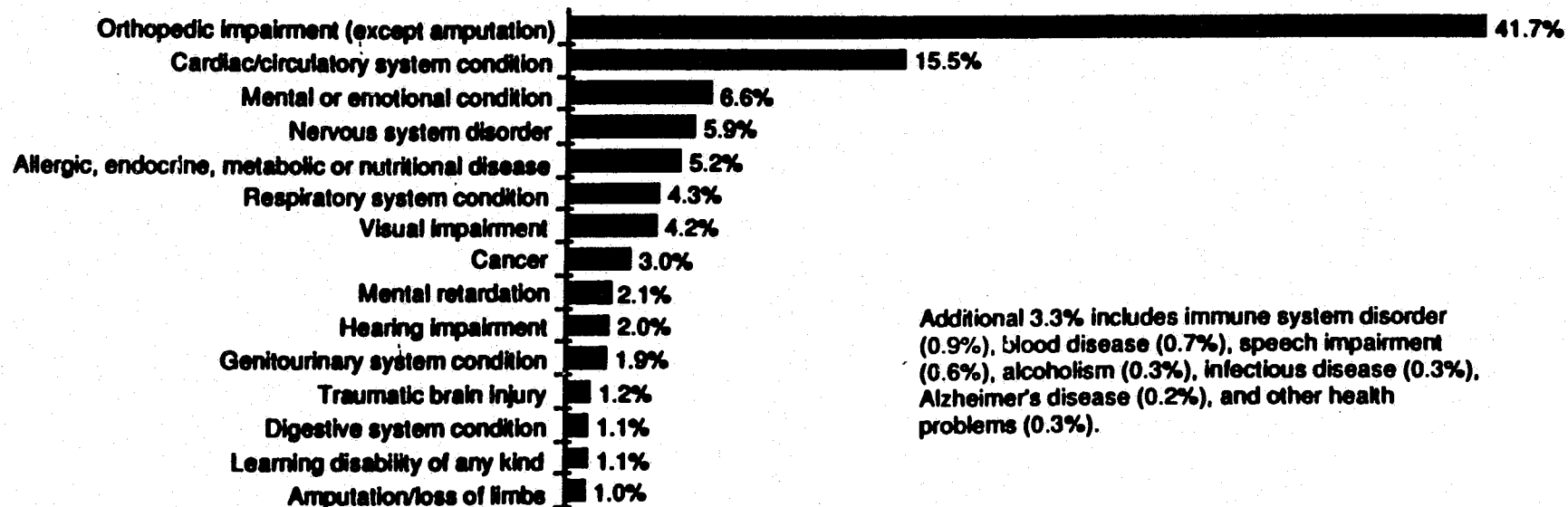
The implication of the Section 504 regulations for the law enforcement community are two-fold:

1. Police departments with 15 or more employees are responsible for providing an accessible environment for handicapped individuals, if conditions impair or exclude such persons from the services of the department. Wheelchair ramps, qualified interpreters and special telephones for the hearing impaired are examples of the auxiliary aids a police department might use in order to create an accessible environment.
2. Furthermore, since Section 504 was designed to protect the civil rights of disabled persons, it follows that police officers must be aware of the special needs of this population. Therefore, appropriate training for police officers on this issue would assure equal consideration under the law for citizens with disabilities.

* Extracted with permission from, "Law Enforcement and the Disabled," Office of the Secretary of State, State of Illinois, 1985.

**"TOGETHER, WE MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES**

**DISABILITY, HANDICAP, OR MOST LIMITING HEALTH PROBLEM
AMONG TARGET POPULATION ***



Abt Associates, Inc.
55 Wheeler Street
Cambridge, Massachusetts 02138

Note: Based on weighted n of 114,719; unweighted n of 1,358.

* The target population is defined as the number of Pennsylvania citizens who are between the ages of sixteen and sixty-four years and have severe disabilities.

EXHIBIT 1-3

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

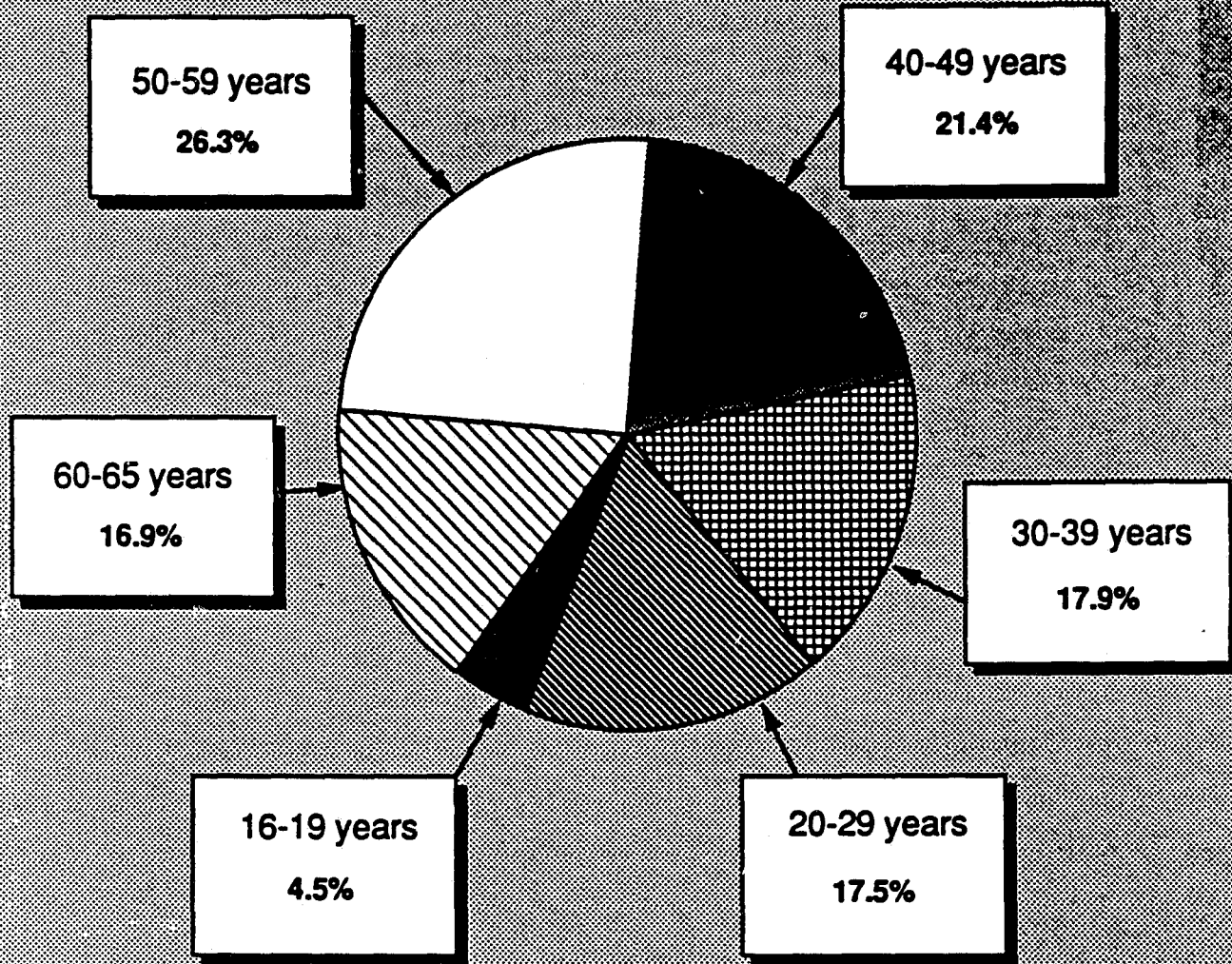
PERSONAL CHARACTERISTICS OF TARGET POPULATION *

Characteristic	Percent	Weighted n ^a
Gender		
Male	47.9	56,488
Female	52.1	61,440
Race		
White	86.0	100,485
Black	12.2	14,210
Oriental	0.3	311
American Indian	0.8	915
Other	0.8	957
Of Hispanic Descent	3.9	4,497
Current Living Arrangement		
Alone	16.4	19,254
Couple with children	29.3	34,498
Couple without children	21.2	24,954
Single parent	8.6	10,067
Live with relatives	21.2	24,926
Roommates	2.7	3,223
Other	0.7	813
Who Provides Household Income		
Disabled individual	44.5	52,000
Someone else	53.4	62,301
Shared	2.1	2,428

^a Sum of weighted ns differ across personal characteristics because of survey nonresponse.

* The target population is defined as the number of Pennsylvania citizens who are between the ages of sixteen and sixty-four years and who have severe disabilities.

AGE OF TARGET POPULATION



Note:

Average age: 44.6 years old
Median age: 46.0 years old
(Weighted n = 116,945)
(Unweighted n = 1,382)

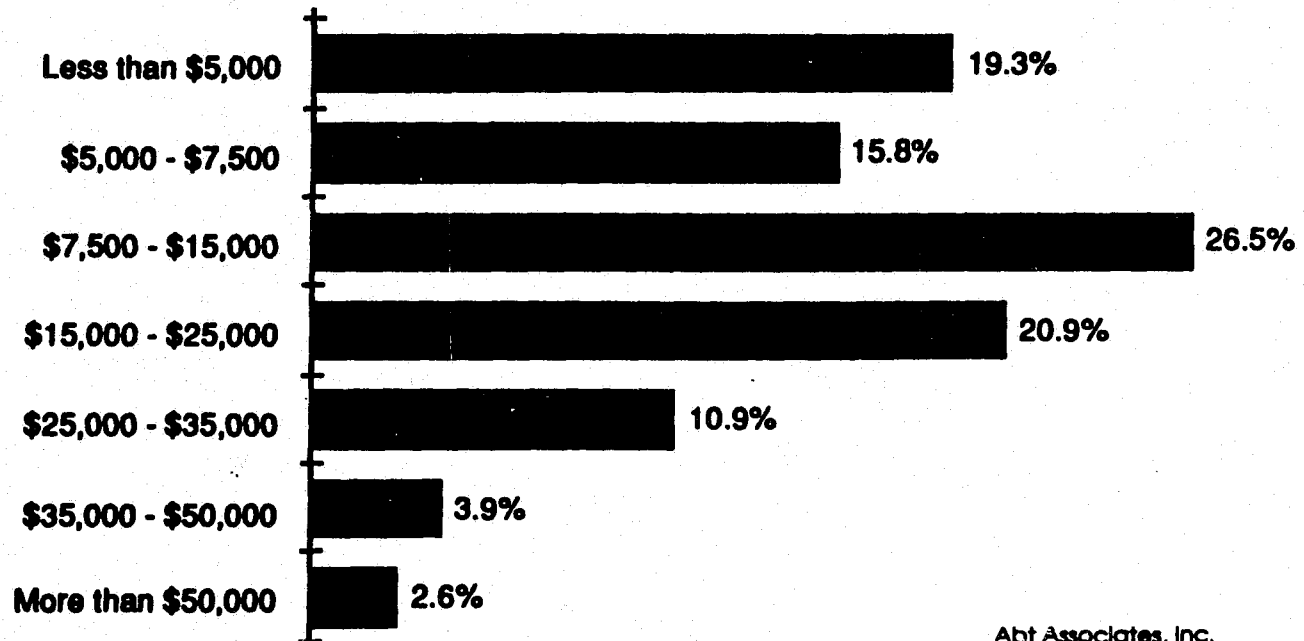
Abt Associates, Inc.
55 Wheeler Street
Cambridge, Massachusetts 02138

EXHIBIT 1-5

* The target population is defined as the number of Pennsylvania citizens who are between the ages of sixteen and sixty-four years and who have severe disabilities

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

ANNUAL HOUSEHOLD INCOME AMONG TARGET POPULATION *

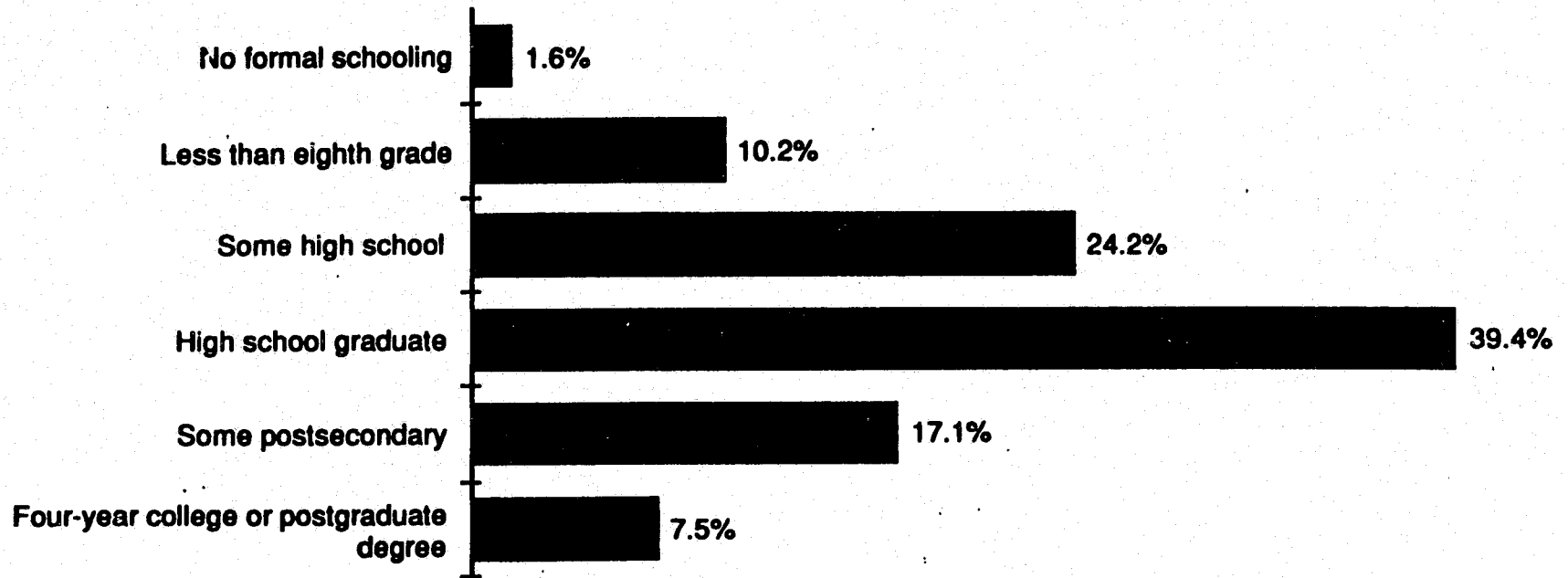


Abt Associates, Inc.
55 Wheeler Street
Cambridge, Massachusetts 02138

Note: Based on weighted n of 100,625; unweighted n of 1,199.

* The target population is defined as the number of Pennsylvania citizens who are between the ages of sixteen and sixty-four years and who have severe disabilities.

HIGHEST EDUCATION LEVEL ATTAINED BY TARGET POPULATION *



Note: Based on weighted n of 116,691; unweighted n of 1,382.

Abt Associates, Inc.
55 Wheeler Street
Cambridge, Massachusetts 02138

* The target population is defined as the number of Pennsylvania citizens who are between the age of sixteen and sixty-four and who have severe disabilities.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

RESOURCES FOR INFORMATION

This list of sources has been compiled to aid you in obtaining information about specific disabilities, accessibility, legal issues, professionals who work with disabled persons, and services that exist in your community.

1. VOLUNTEER, PROFESSIONAL, FACILITIES, AND DATA BANKS.

ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF
3417 Volta Place, N.W.
Washington, D.C. 20005
(202) 337-5220

AMERICAN COUNCIL OF THE BLIND
1211 Connecticut Avenue, N.W.
Suite 506
Washington, D.C. 20036
(202) 833-1251

AMERICAN DIABETES ASSOCIATION
600 Fifth Avenue
New York, New York 10020
(212) 683-7444

AMERICAN PARKINSON DISEASE ASSOCIATION
116 Johnson Street
New York, New York 10038
(212) 732-9550

ARTHRITIS FOUNDATION
3400 Peachtree Road, N.E.
Suite 1101
Atlanta, GA 30326
(404) 266-0795

THE ASSOCIATION FOR THE SEVERELY HANDICAPPED
7010 Roosevelt Way, N.E.
Seattle, WA 98115
(206) 523-8446

ASSOCIATION OF RADIO READING SERVICES
1745 University Avenue
Saint Paul, MN 55104
(612) 296-6034

**"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES**

**HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND
YOUTHS AND ADULTS
111 Middle Neck Road
Sands Point, NY 11050
(516) 949-8900**

**MARCH OF DIMES BIRTH DEFECTS FOUNDATION
1275 Mamaroneck Avenue
White Plains, NY 10605
(914) 428-7100**

**MUSCULAR DYSTROPHY ASSOCIATION
810 Seventh Avenue
New York, NY 10019
(212) 586-0808**

**NATIONAL AMYOTROPHIC LATERAL SCLEROSIS
FOUNDATION
185 Madison Avenue
New York, NY 10016**

**NATIONAL AMPUTATION FOUNDATION
12-45 150th Street
Whitestone, NY 11357
(212) 767-0596**

**NATIONAL ASSOCIATION FOR THE DEAF-BLIND
2703 Forest Oak Circle
Norman, OK 73071
(405) 360-2580**

**NATIONAL ASSOCIATION FOR THE VISUALLY HANDICAPPED
305 East 24th Street, 17-C
New York, NY 10010
(212) 889-3141**

**NATIONAL ASSOCIATION OF THE DEAF
814 Thayer Avenue
Silver Spring, MD 20910
(301) 587-1788**

**NATIONAL EASTER SEAL SOCIETY
2023 West Ogden Avenue
Chicago, Il. 60612
(312) 243-8400**

**"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES**

NATIONAL FEDERATION OF THE BLIND
1800 Johnson Street
Baltimore, MD 21230
(301) 659-9314

**NATIONAL LIBRARY SERVICES FOR THE BLIND AND
HANDICAPPED**
Library of Congress
1291 Taylor St., N.W.
Washington, D.C. 20542
(202) 287-5100

NATIONAL MULTIPLE SCLEROSIS SOCIETY
205 East 42nd Street
New York, NY 10017
(212) 986-3240

NATIONAL RETINITIS PIGMENTOSA FOUNDATION
Rolling Park Building
8331 Mindale Circle
Baltimore, MD 21207
(301) 225-9400

NATIONAL SPINAL CORD INJURY FOUNDATION
369 Elliot Street
Newton Upper Falls, MA 02164
(617) 964-0521

PARALYZED VETERANS OF AMERICA
4350 East West Highway
Suite 900
Washington, D.C. 20014
(202) 652-2135

UNITED CEREBRAL PALSY ASSOCIATION
66 East 34th Street
New York, NY 10016
(212) 481-6300

2. FEDERAL GOVERNMENT AGENCIES.

**ARCHITECTURAL AND TRANSPORTATION BARRIERS
COMPLIANCE BOARD**
330 C Street, S.W.
Room 1010
Washington, D.C. 20201
(202) 245-1591

**"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES**

**ADMINISTRATION ON DEVELOPMENTAL DISABILITIES
Office of Human Development Services, HHS
330 Independence Avenue, S.W.
3194 North Building
Washington, D.C. 20201
(202) 472-7236**

3. PENNSYLVANIA RESOURCES.

**THE PENNSYLVANIA COALITION OF CITIZENS WITH
DISABILITIES.
2001 North Front Street
Building One, Suite 112
Harrisburg, Pennsylvania
(717) 238-0172
Toll Free 1-800-432-3060**

**ALLIED SERVICES FOR THE HANDICAPPED
119 Mulberry Street
Scranton, Pennsylvania 18503
(717) 348-1300**

**HOUSING CONSORTIUM FOR DISABLED INDIVIDUALS
Elwyn Institute Building
4040 Market Street
Philadelphia, Pennsylvania 19104
(215) 895-5700**

**MULTIPLE SCLEROSIS SOCIETY
2209 Forrest Hills Drive, Suite 18
Harrisburg, Pennsylvania 17112
(717) 652-2108**

**NATIONAL MULTIPLE SCLEROSIS SOCIETY
1040 Fifth Avenue
Pittsburgh, Pennsylvania 15219
(412) 261-6347**

**MUSCULAR DYSTROPHY ASSOCIATION
3605 Vartan Way
Harrisburg, Pennsylvania
(717) 540-4619**

**NATIONAL FEDERATION OF THE BLIND
464 Sylvania Avenue
Glenside, Pennsylvania 19038
(215) 988-0888**

**"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES**

**OFFICE OF INDEPENDENT LIVING
County of Allegheny, Department of Aging
Pittsburgh, Pennsylvania 15219
(412) 355-4234**

**OFFICE OF VOCATIONAL REHABILITATION
Labor and Industry Building
Room 1300
7th and Forster Streets
Harrisburg, Pennsylvania 17120
(717) 787-5244**

**PENNSYLVANIA ASSOCIATION OF REHABILITATION
FACILITIES
2400 Park Drive
Harrisburg, Pennsylvania 17110
(717) 657-7608**

**PENNSYLVANIA EASTER SEAL SOCIETY
1500 Fulling Mill Road
Middletown, Pennsylvania 17057
(717) 939-7801**

**SCRANTON SCHOOL FOR THE DEAF
1800 Washington Avenue
Scranton, Pennsylvania 18509
(717) 963-4546**

**SPINA BIFADA ASSOCIATION
320 East North Avenue
7th Floor, South Tower
Pittsburgh, Pennsylvania 15202
(412) 321-4900**

**THE EPILEPSY FOUNDATION
GSB Building, Suite 505
City Line and Belmont Avenues
Bala Cynwyd, Pennsylvania 19004
(215) 667-7478**

**UNITED CEREBRAL PALSY
1811 Olde Homestead Lane
Box 10485
Lancaster, Pennsylvania 17605-0485
(717) 397-1841**

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

**GUIDELINES FOR REPORTING,
INTERVIEWING AND WRITING
ABOUT
PEOPLE WITH DISABILITIES ***

I. INTRODUCTION

Law enforcement professionals are in a unique position to shape the public image of persons with disabilities. The words and images they use can create an insensitive, negative portrayal or a straightforward, positive view of persons with disabilities.

Some impediments to portraying disabilities realistically and accurately are fear of the unknown, inadequate experience, lack of knowledge and incorrect or distorted information. These shape some of the attitudinal barriers that people with disabilities face as they attempt to gain access and acceptance in their communities.

There has never been a clear set of standards to help police make the right choices in language and portrayal. The guidelines presented here offer suggestions for appropriate descriptions and preferred terminology. Although opinions may differ on some terms, they represent the current consensus. They are predicated on the idea that awareness on the part of all police officers is the first step towards change.

1. **ISSUES.** Consider the following when referring to persons with disabilities.
 - A. Do not refer to a disability unless it is crucial to making an accurate report. However, if necessary, use the term disability when referring to persons or people with disabilities. Do not use the word handicapped.

* Adapted with permission from two sources. "Guidelines for Reporting and Writing about People with Disabilities," Research and Training Center on Independent Living, University of Kansas, Lawrence, Kansas was one. "Awareness is the First Step Towards Change: Tips for Portraying People with Disabilities in the Media," National Easter Seal Society, Chicago, Illinois was the other primary resource.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

A disabling condition may or may not be handicapping. For example, someone who uses a wheelchair has a physical disability. This person is handicapped when faced with a set of stairs when there is no ramp alongside.

- B. Emphasize the person, not the disability. Use "People with disabilities" as a first description in a piece. Then, if you need to, employ "disabled persons" in later references.
 - C. Because people are not conditions, don't label individuals as, "the disabled," "epileptics," "post polios" or with other names of conditions. Refer, instead, to "people with cerebral palsy" or "someone who has epilepsy."
 - D. Omit, if possible, any mention of someone's disability if it is not pertinent.
 - E. Whenever possible, depict the typical achiever who has a disability not just the superachieving individual.
 - F. When writing about people with disabilities, choose words that carry nonjudgemental connotations and are accurate descriptions.
 - G. Avoid using emotional descriptors such as unfortunate, pitiful, and so on. Emphasize abilities, such as uses a wheelchair/braces rather than confined to a wheelchair. Other examples are walks with crutches/braces rather than is crippled and is partially sighted rather than partially blind.
 - H. Avoid implying disease when discussing disabilities. A disability such as Parkinson's disease may be caused by a sickness, but it is not a disease itself, nor is the person necessarily chronically ill. Persons with disabilities should not be called patients or cases unless they are under medical care.
2. TERMINOLOGY FOR SPECIFIC DISABILITIES. Listed below are preferred words that reflect a positive attitude in portraying disabilities. The general terms disability and handicap are described first, but

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

remaining terms are listed alphabetically.

- A. Disability (disabled, physically disabled). General term used for a (semi)permanent condition that interferes with a person's ability to do something independently (i.e. walk, see, hear, learn, lift). It may refer to a physical, mental, or sensory condition. Preferred usage is as a descriptive noun or adjective, such as in persons who are disabled, people with disabilities, or disabled persons. Terms such as the disabled, crippled, deformed, or invalid are inappropriate.
- B. Handicap. Often used as a synonym for disability. However, usage has become less acceptable (one origin is from phrase "cap in hand," as in begging). Except when citing laws or regulations, handicap should not be used to describe a disability. Say, "The stairs are a handicap for her," but not, "The handicapped child could not use the stairs."
- C. Blind. Describes a person with total loss of vision. Not appropriate for persons with partial vision. Use partially sighted, with partial vision, or visually impaired.
- E. Congenital Disability. Describes a disability that has existed since birth. The term birth defect is not appropriate.
- F. Deaf. Describes a person with a total hearing loss. Not appropriate for persons with partial hearing. Use with a partial hearing loss, or hearing impairment, or hearing impaired.
- G. Developmental Disability. Any mental and/or physical disability incurred before the age of 22 that may continue indefinitely. The disability may substantially limit major activities and require lifelong support. Term includes individuals with mental retardation, cerebral palsy, autism, epilepsy, sensory impairments, congenital disabilities, traumatic accidents, or other disease processes.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

- H. Down's Syndrome. Preferred over Mongoloid to describe a form of mental retardation caused by improper chromosomal division during gestation.
- I. Mental Illness/Mental Disorder. Describes a person who has lost the social and/or vocational skills necessary to function independently. Terms such as mentally deranged, deviant and crazy are inappropriate. Mental disorder is a more comprehensive term that describes any of the recognized forms of mental illness, severe emotional disorder or mental retardation. Terms such as neurotic, psychotic, psychopathic, and schizophrenic should be reserved for technical medical writing.
- J. Mental Retardation. Describes a person with significantly below-average, general intellectual functioning. Terms such as moron, mentally deficient/defective, and feeble-minded are inappropriate.
- K. Mute/Person Who Cannot Speak. Preferred terms to describe persons who cannot speak. Terms such as deaf-mute and deaf and dumb are inappropriate. They imply that persons without speech are always deaf.
- L. Nondisabled. In a media portrayal of persons with and without disabilities, nondisabled is the appropriate term. Able-bodied should not be used, since it implies that persons with disabilities are less able. Normal is only appropriate in reference to statistical norms.
- M. Seizure. Describes an involuntary muscular contraction symptomatic of the brain disorder, epilepsy. Rather than saying epileptic, say a person with epilepsy or a person with a seizure disorder. The term convulsion should be reserved for seizures involving contractions of the entire body. The term fit is used by the medical profession in England, but it has strong negative connotations.
- N. Spastic. Describes a muscle with sudden, abnormal involuntary spasms. It is not

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

appropriate for describing a person with cerebral palsy. Muscles are spastic, not people.

- O. Special. Describes that which is different or uncommon about any person. Except when citing laws or regulations, it is not an appropriate term to describe persons with disabilities in general.
 - P. Specific Learning Disability (S.L.D.). Describes a disorder in the ability to learn effectively in a regular educational environment. Does not include persons with vision, hearing or motor impairment, those who are mentally retarded or emotionally disturbed, or persons who are environmentally, culturally, or economically disadvantaged. The term specific learning disability is preferred because it emphasizes that the disability affects only certain learning processes.
 - Q. Speech Impaired. Describes persons with limited or difficult speech patterns.
3. INTERVIEWING PEOPLE WITH DISABILITIES. In general, prepare and conduct Your interview as you would anyone. Put your subject at ease. Be clear in questioning. Be candid and blunt when you need to be, and ask for clarification of terms or issues when necessary. Some points of etiquette are the following:
- A. It is appropriate to shake hands when introduced to a person with a disability. People with limited hand use or who wear an artificial limb do shake hands.
 - B. Treat adults as adults. Address people who have disabilities by their first names only when calling everyone present by his or her first name.
 - C. When talking with someone who has a disability, speak directly to that person rather than through a companion who may be along.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

- D. Don't be embarrassed if you happen to use words that seem to relate to a disability. "See you soon," "Walk this way" or "Got to be running along" are common expressions everyone uses.
- E. If you offer to help, wait until the offer is accepted. Then, listen to or ask for questions.
- F. Consider the needs of people with disabilities when planning events.
- G. Conduct interviews in a manner that emphasizes abilities, achievements and individual qualities.
- H. Avoids putting people with disabilities on a pedestal. Conduct your interview as you would with anyone.
- I. Don't emphasize differences between people as this reinforces the "one of them" versus "one of us" attitude barrier to acceptance of people with disabilities in society.



Chapter II

PERSONS WITH HEARING IMPAIRMENTS

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

CHAPTER TWO
PERSONS WITH HEARING IMPAIRMENTS

ADVANCE ORGANIZERS

- * Hearing impairments are invisible conditions that only become evident when attempts at spoken communication fail. About 22 million people in the United States have some degree of hearing impairment.
- * These citizens are like others in the mainstream of society. The main issue for police is their difficulty in communicating.
- * Their needs are based on the degree of hearing loss, individual training, communication skills and personal preference.
- * Officers should look for certain signs of hearing impairments. Asking for repeats, turning a good ear toward you, cupping the ear, and a puzzled or bewildered look are some common indications of hearing impairment.
- * Each person copes with the condition in their own way. Written messages, sign language, finger spelling, speech reading, assistive listening devices and telecommunications devices for the deaf (TDD) are commonly used methods to facilitate communication.
- * A hearing impaired person is entitled by law to the services of a qualified interpreter in certain criminal and judicial proceedings.
- * The bonds within the deaf community are strong. This is the result of a common language and shared experiences.
- * Police should thoroughly understand the general rules for effective communication listed in this chapter.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

CHAPTER TWO
PERSONS WITH HEARING IMPAIRMENTS *

I. INTRODUCTION

For us to understand the needs of this community, an understanding of several basic terms is important. These are:

HEARING IMPAIRED: A term including both deaf and hard-of-hearing people.

DEAFNESS: The inability to understand speech even with hearing aids.

HARD-OF-HEARING: The range from almost normal hearing to almost deaf.

Hearing impairment is an invisible condition that becomes evident only when attempts at spoken communication fail.

About 22 million Americans have some degree of hearing impairment. Of these, about two million are deaf and about 20 million are hard-of-hearing.

This chapter will help you to identify hearing impaired persons and will suggest communication techniques that may be useful. Remember that the choice of communication mode lies with the hearing impaired person.

II. PERSONALITIES

Hearing impaired people are like others in the mainstream of society except for their communication problems. Their reaction to a police officer, and to society in general, is based on such factors as educational background, social class, and economic status among others. Police officers should realize that a wide-range of factors may contribute to the individual's difficulty in communicating.

* The final edition of this chapter was composed by Mr. William J. McConeghey, President, Delaware County (PA) Group for Hard of Hearing People. Data not referenced are from his sources.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

These communication problems can be so severe as to cause personal, social, educational, and occupational obstacles. Most hearing impaired people have been able to cope with the lack of hearing by using an appropriate hearing aid or by using an alternative means of communication. These are discussed in more detail in Section V (Communication Methods).

Many hearing people are not aware of the communication difficulties of hearing impaired people. Hearing impaired people, on the other hand, often do not realize that they must tell hearing people how to communicate with them. Both groups need a better understanding of each other.

A hearing impaired person who is ill or under stress may have more than usual difficulty in understanding regardless of the method of communication.

III. TYPES OF HEARING IMPAIRED GROUPS

Not all hearing impaired people are alike. Although they have many communication problems in common, and may use the same techniques and assistive devices in solving some of them, their needs are often significantly different. These result from the degree of hearing loss, individual training, type of communication skills, and personal preference.²

1. PRE-LINGUAL OR EARLY ONSET DEAFNESS. This refers to those people who were born deaf or lost their hearing in early childhood before the use of language was well established. Pre-lingually deaf persons have most often been trained in sign language and are usually most comfortable and skilled in that method of communication. Most have also received speech training but, depending on the severity of the hearing loss, they may speak in an unclear monotone that is difficult to understand, especially for someone not familiar with it. Sign language and/or written messages may be necessary for two-way communication.
2. POST-LINGUAL DEAFNESS. Persons in this category have lost their hearing through injury, disease or age after having learned language. Many have learned through sign language to be proficient. If not, they may prefer to receive written messages. Nearly all will be able to respond orally and will feel comfortable doing so. They lack the feedback

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

of hearing their own voices. As a result, their speech may have become somewhat loud and hard in tone. Remember that you can hear their voices, but they cannot hear yours.

3. HARD-OF-HEARING PEOPLE. Hard-of-hearing people are often mistaken for hearing persons. If the hearing loss is moderate and the listening conditions are ideal, a hard-of-hearing person may indeed function like a hearing person. However, in the presence of traffic noise, or loud conversations, that same individual may be functionally deaf. For a person with a more severe hearing loss, even fairly minor background noise such as office machinery, or soft music, may disrupt communication.

IV. RECOGNIZING HEARING IMPAIRMENT

1. DEAFNESS. A deaf person will usually indicate lack of hearing by pointing to his ears and shaking his head when you try to talk to him.³ Failure to notice loud environment signs is further evidence of deafness. So is failure to follow instructions. Be careful not to interpret this as deliberate disobedience. The use of signs or miming to communicate, as well as the typical deaf monotone voice, are clues as well. However, post-lingually deaf people may speak with near normal voice tones.
2. HARD-OF-HEARING. Hard-of-hearing persons should also identify their problem for you, but many will not think to do so. Watch for these signs: asking for many repeats, turning the good ear toward you, cupping the ear to hear better, failure to understand when you talk with your back turned, a puzzled or bewildered look, and/or inappropriate responses to questions.⁴ The question may be misunderstood or the person may be bluffing, a technique used to avoid asking for repeats. Check to see if hearing aids are being worn. Absence of hearing aids, however, does not guarantee that the person has normal hearing.

Take care to rule out hearing loss before diagnosing a person as ill, senile, mentally disturbed, or mentally retarded.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

V. COMMUNICATION METHODS

EACH HEARING IMPAIRED PERSON COPE WITH THE HEARING PROBLEM IN HIS OR HER OWN WAY. DETERMINING THE CITIZENS' PREFERRED MODE OF COMMUNICATION IS THE FIRST STEP TO EFFECTIVE DIALOGUE. 5

1. **WRITTEN MESSAGES.** This is the most readily available method for communicating with a deaf person. Keep messages simple until you find out how well the person reads. The average deaf adult reads at the fifth grade level. That means that some will read at significantly lower levels while others may read at the college level. For comparison, the Miranda Warning is written at the eighth grade level. Of course, written messages can also help when a hard-of-hearing person has difficulty understanding.
2. **SIGN LANGUAGE.** American Sign Language (Ameslan or ASL) is not related to the English language.⁶ Its grammar and syntax are different, and there is not a one-to-one correspondence between signed and English words. There are, in fact, several sign languages in use in the United States. Signed Exact English (SEE), for example, does use English word order and grammar and has signs that indicate the word endings and inflection of English, but not all deaf people are skilled at it.⁷ Most deaf people who sign know and use ASL which is faster and more convenient. See examples of signs in Exhibit 2-1.
3. **FINGER SPELLING.** Finger spelling is an adjunct to sign language that allows the use of English words for which there is no sign such as proper names and technical terms.⁸ It also permits one to learn to communicate with a deaf person on at least an elementary level without investing in months of sign language training. See Exhibit 2-2.
4. **SPEECH READING.** Speech reading is the preferred name for what is often called lip reading. However, only 30% of what is spoken can be recognized by lip movements alone.⁹ Some sounds are invisible on the lips and many different sounds have the same lip shape. Therefore, in addition to lip movements, successful speech readers must also use residual hearing, facial expression, and clues from head,

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

hand and body movements. They must also have enough familiarity with spoken English, however, recent deafened people may not have had enough practice to be good speech readers. Oral interpreters who silently mouth the words of a speaker are helpful to some speech readers when it is not possible for them to be close enough to easily see the lips of the speaker. Speech reading is difficult and is prone to many errors.

5. CUED SPEECH. Cued speech is a system of hand shapes at four positions near the mouth which, together with the mouth movements, precisely identifies which sound is being spoken. It depends upon the ability to speech read, but it greatly reduces the potential for errors. Few people use cued speech as yet, but the number is increasing. Certified Cued Speech interpreters are available.
6. VOICE COMMUNICATION. Ordinary speech will suffice for communicating with most hard-of-hearing people if listening conditions are ideal. Exhibit 2-4 outlines conditions and procedures that aid voice communication.
7. ASSISTIVE LISTENING DEVICES (ALDs). ALDs are devices that deliver a better signal to noise ratio than either conventional hearing aids or public address systems. ALDs consist of a microphone, a transmitter such as an infra-red beam, an FM radio signal, or an induction loop, and a suitable receiver worn by the hearing impaired person. Field police work seldom involves situations where it would be practical to use ALDs. However, at interrogations, court cases, and hearings they may be essential for providing communication access to some deaf and many hard-of-hearing people.
8. TELECOMMUNICATIONS DEVICES FOR THE DEAF (TDDs). TDDs are devices that permit deaf persons to communicate via telephone with others who have similar equipment.¹⁰ See explanation and picture in Exhibit 2-3. A Pennsylvania statewide TDD relay center is currently in operation. It is operated by hearing personnel who relay TDD messages to hearing people by voice, and voice messages by TDD to TDD

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

users, thus allowing deaf persons and hearing persons to communicate with each other via telephone.

VI. INTERPRETERS

Hearing impaired people have the same civil and constitutional rights as hearing people. This includes knowing the charges against them, participation in their own trial and defense, the right to an attorney, and freedom from unreasonable search and seizure. To insure these rights, a hearing impaired person, who prefers manual communication, is entitled by law to the services of a qualified interpreter in certain criminal and judicial proceedings.¹¹

An interpreter must be provided for procedures such as:

1. Arrest;
2. Custodial Interrogation;
3. Advisement;
4. Warning;
5. Notification of Rights;
6. Statement;
7. Search;
8. Depositions;
9. Consultations with an attorney; and,
10. All aspects of a trial.

The Registry of Interpreters for the Deaf (RID) is a national organization that tests and certifies professional Sign Language interpreters. Cued Speech interpreters are certified by the Training Evaluation and Certification Unit (TECU). Both organizations have strict competency standards and a strongly stated code of ethics and conduct.

The role of an interpreter is to faithfully translate spoken English into Sign Language or Cued Speech and to translate Sign Language or Cued Speech into spoken English. Everything that is said in the presence of the respondent

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

should be signed and everything that is signed should be spoken. A summary of what is said or signed is not acceptable. Failure of either the interpreter or the respondent to understand a sign should be reported.

The interpreter may not advise either the interrogator or the respondent as to what to say or how to say it, or offer explanations, legal advice, or background information. It is important for the police officer to know and respect these restrictions. Before the interview begins, the officer should inform the respondent of these facts through the interpreter. Address all statements and questions to the respondent, not to the interpreter. Make all statements short and clear.

Not all certified interpreters can communicate effectively with all deaf people. There are several types and styles of sign language. There are even local dialects. Try to find out whether the deaf person is satisfied with the interpreter and understands what is going on.

An interpreter should be allowed time to talk with the respondent to establish what method of signing is most satisfactory and to determine whether or not his or her interpreting skills are suitable for this particular person's needs. Before the interview, the officer, too, should talk with the interpreter to be sure that all parties understand the interpreter's role and the procedures to be followed. Outline the subjects to be covered so that the interpreter can be prepared with a suitable vocabulary. Agree on the length and frequency of rest periods. Long sessions of signing are tiring.

Interpreted proceedings should be videotaped. There is no other way to record accurately what is signed or cued.

Remember that though the interpreter may be paid by a law enforcement agency he or she is not a part of the law enforcement team and should not be used as such.

VII. CULTURE AND COMMUNICATION

Deaf people are unusual as a disability group in that among themselves they are not disabled. This encourages the formation of a separate deaf community and culture.¹² Many deaf people have attended residential schools or special deaf programs, and a culture of language and traditions has grown from that association. A number of national and local deaf

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

clubs and organizations are part of this culture and contribute to its maintenance. A common language and shared experiences strengthen the bonds of the deaf community.

For pre-lingually deaf people, English, or any other spoken vocabulary, is a second language.¹³ As with any second language, the skill with which it is used depends on the length of schooling and opportunities for practice. Therefore, some deaf people may handle English poorly.

Here is an example of how such a deaf driver might explain an accident.

"Me drive. Wife sleep backseat. Dark rain hard. Me see deer. Brake. No stop. Finish hit. Deer finish dead."

Remember that awkward grammar is not a sign of low intelligence, nor is it a universal characteristic of deaf people. The next deaf person you meet may use perfect English.

Hard-of-hearing people, unlike deaf people, do not have a separate culture. They are a far more diffuse and less cohesive group. It is more difficult for them to communicate among themselves than it is to communicate with hearing people. This tends to discourage the formation of social and self-help groups, and, indeed, such groups are relatively rare. Hard-of-hearing people cannot join the deaf culture because of a lack of signing skills and the lack of a common background. Thus, they are stuck in a hearing world to which it is not easy to adapt.

It is true that the hearing loss of hard-of-hearing people is generally less severe than that of deaf people, but their problems in receiving information are often extremely frustrating, especially for those at the lower end of the hearing scale.

VIII. POLICE CONTACT WITH HEARING IMPAIRED PERSONS

The videotape titled, "The Silent Siren," offers a valuable insight into real life encounters between police officers and deaf citizens. This dramatization produced by the National Technical Institute for Deaf (NTID) and Gallaudet University, in cooperation with the Rochester, New York Police Department, runs about 25 minutes and brings to life many of the points noted in this chapter. ¹⁴

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

NTID and Gallaudet University are the two foremost institutes of higher education for the deaf in the United States.

In "The Silent Siren," deaf people come into contact with police officers as a result of a motor vehicle accident, as a suspect in a crime, and in a violent and spontaneous situation. In each case the officers handled the problems to the best of their abilities. Given their limited knowledge, some mistakes occurred.

The following discussion will help you to avoid mistakes by outlining procedures for handling an encounter with a hearing impaired person.

IX. GENERAL RULES

The guides to effective communications with hearing impaired people are listed in Exhibit 2-4.¹⁵ These should be thoroughly understood.

1. FOR DEAF PEOPLE. If Sign Language or Cued Speech is indicated as the preferred method, start whatever procedure is necessary to get a certified professional interpreter who can enable you to communicate with the deaf person.

Of course, it is very unlikely that a professional interpreter will be immediately available at the scene. Since it is often essential to find out at once what happened, get what information you can via written messages (save the messages), or speech reading if the person has that skill. Back up this information with an interview using a professional interpreter.

Although a hearing friend or relative of the hearing impaired person who knows sign language may be able to help you get information quickly on the spot, it may be difficult to prove in court that that person is qualified in sign language or is unbiased. As soon as possible, back up any information obtained through a non-professional interpreter with a follow-up interview using a professional interpreter.

Videotape the interpreted interview if it is at all likely that the information will be used in court.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

2. FOR HARD-OF-HEARING PEOPLE. Usually voice communication is the preferred mode of communication, but remember that in many cases this is only possible in a quiet environment.
3. VICTIM OF A CRIME. Get what information you can as to what happened and obtain a description of the suspect(s).¹⁶ Remember that a hearing impaired victim is under stress and has even more difficulty than usual in communicating. Patience and a reassuring manner will help.
4. WITNESS. A deaf witness to a crime or an incident may be more helpful than a hearing counterpart.¹⁷ From necessity, deaf people are more alert to visual information than hearing persons. As was explained above, use of a certified professional interpreter will be needed if the testimony is to hold up in court.
5. MOTOR VEHICLE ACCIDENT. Get both sides of the story.¹⁸ Don't communicate only with the hearing driver. If you have determined that an injured person is deaf, be sure to inform the paramedics or ambulance personnel. The patient could be unable to communicate on reaching the hospital and could be misdiagnosed and improperly treated.
6. TRAFFIC CHECKS. A deaf or hard-of-hearing driver may not respond to your siren and may be unaware of your presence until you pull along side with the flasher going.¹⁹ As in all situations, maintain your personal safety when you approach a traffic violator.
 - A. Keep your eyes on the citizen's hands. The quick movement of reaching for a pen and paper in a coat pocket or glove compartment may be misinterpreted as reaching for a weapon.
 - B. Some forms of deafness affect the sense of balance. If a deaf person is suspected of driving while intoxicated, do not use the curb or straight line tests. Use an alternative test such as smelling the breath or transport the accused to a location where scientific testing can be performed.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

7. RIGHTS OF THE DEAF SUSPECT. Be very careful of unintentionally violating the civil rights of a deaf suspect.²⁰ Incorrect procedures can result in inadmissible evidence.
- A. Summon a certified professional interpreter immediately. A hearing impaired individual who prefers sign language has a legal right to a professional interpreter.
 - B. Family members or friends are not acceptable as interpreters. The questions of competence and/or bias rules them out.
 - C. Written Miranda Warning may not be legally sufficient. The Miranda Warning is written at an eighth grade level. Many deaf people do not achieve that level.
 - D. No official questioning without an interpreter.
 - E. Use the interpreter for initial and subsequent questioning.
 - F. Suspects have the right to make a phone call. For a deaf person and some hard-of-hearing persons, this requires a TDD, Telecommunications Device for the Deaf. Many police departments already have TDDs. The device is described in Exhibit 2-3.
 - G. Juveniles with deaf parents. When a hearing juvenile with deaf parents is arrested, an interpreter is needed to explain the matter to the parents. It may be acceptable for a hearing parent to interpret for a deaf one if the offense is minor and no court case is likely to result. The respondent, however, is not acceptable as an interpreter for the parents because of possible bias. A certified professional interpreter is the only guarantee that what is said is being accurately translated.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

X. READING AND RESOURCES

TOLL-FREE NUMBERS

<u>Captioned Films for the Deaf</u>	(800) 237-6213
<u>Center for the Deaf</u> <u>(Third-party message relay system</u> <u>for persons with hearing impairments)</u>	(800) 468-9211
<u>Hearing Helpline - Better Hearing Institute</u> <u>(Washington, D.C.)</u>	(800) 424-8576
<u>National Association for Speech and Hearing</u> <u>(Maryland)</u>	(800) 638-8255

PUBLICATIONS

EMS and the Hearing Impaired: Overcoming the Barrier. U.S.
Department of Health and Human Services, Washington,
D.C., 1981.

Gustason, Gerilee, Donna Psetzinz, and Esther Zawolkow.
Signing Exact English: Modern Science Press, Silver
Spring, Maryland, 1975.

Holcomb, Roy. The Hazard of Deafness: Joyce Media, Inc.,
Northridge, California, 1977.

Jacobs, Leo. A Deaf Adult Speaks Out: Gallaudet College
Press, Washington, D.C., 1980.

Martin, Charles, Prudence Shaw, Nancy Krafcik. Understanding
Your Hearing Impaired Client: Illinois Department of
Rehabilitation Services, Springfield, Illinois, 1984.

Namir, Lila and I. M. Schlessinger. Sign Language and the
Deaf: Academic Press, New York, 1978.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

REFERENCES

- 1 State of Illinois, Law Enforcement and the Disabled,
p. 7.
- 2 Ibid., p. 8.
- 3 Per-Lee, Victim Justice for Disabled Persons, p. 26.
- 4 Loc. cit.
- 5 Ibid., p. 20.
- 6 Illinois, op. cit., p. 9.
- 7 Per-Lee, op. cit., p. 27.
- 8 Illinois, op. cit., p. 10.
- 9 Loc. cit.
- 10 Per-Lee, op. cit., p. 30.
- 11 Illinois, op. cit., p. 11.
- 12 Ibid., p. 8.
- 13 Per-Lee, op. cit., p. 22.
- 14 Illinois, op. cit., p. 10.
- 15 Per-Lee, op. cit., p. 32.
- 16 Illinois, op. cit., p. 11.
- 17 Loc. cit.
- 18 Ibid., p. 11.
- 19 Loc. cit.
- 20 Ibid., p. 13.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

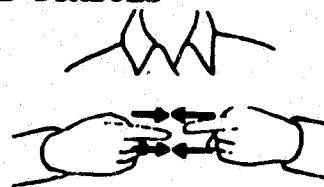
COMMON POLICE-ORIENTED SIGN LANGUAGE SYMBOLS



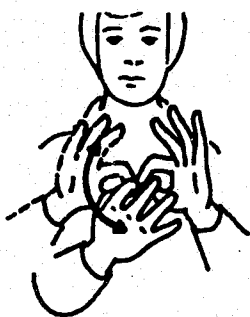
**Drivers
License**



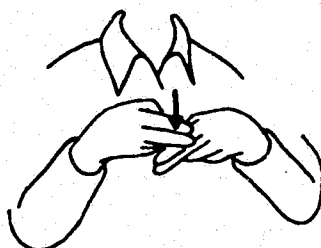
Help



Hurt
"Are you in pain?"



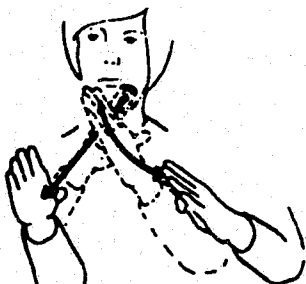
Interpreter



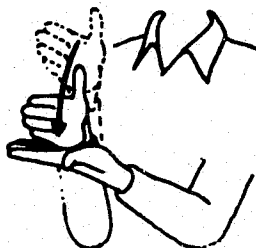
Name
"What is your name?"



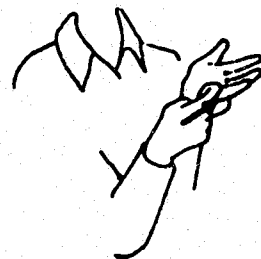
Police



Quiet



Stop



Ticket



Thank you



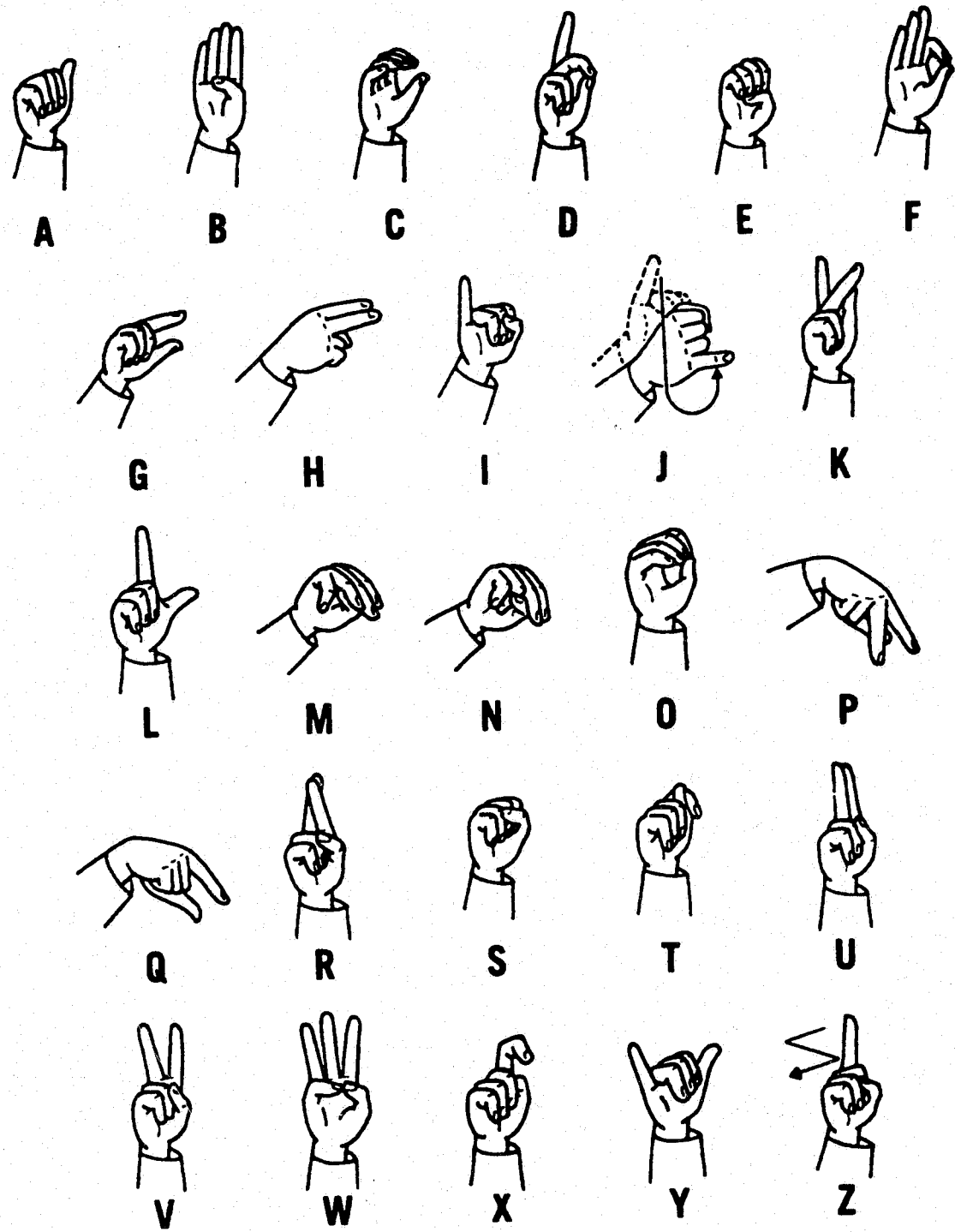
Telephone



Write

**"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES**

THE AMERICAN MANUAL ALPHABET*



* Reprinted with permission from Secretary of State (Ill.)
Exhibit 2-2

**"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES**

TELECOMMUNICATIONS DEVICE FOR THE DEAF (TDD)*



A TDD, sometimes called a TTY, is a typewriter-like device that allows hearing-impaired individuals access to the telephone system.

For the most part, the machines are located in dispatch area and are connected to the regular emergency phone number. The TDD is probably one of the two models shown here.

The most difficult aspect of using a TDD is identifying the incoming call. Sometimes the deaf individual will signal by pushing the space bar, creating a loud beeping sound. The natural reaction is to hang up, as if it were a crank call. Answer the TDD instead.

The TDD operating procedures are simple, if you remember the following guidelines:

SALUTATION

Clearly identify your department. Be sure to end in a distinct manner so that the caller knows to respond. "GA" is often used.

CONTENT

Treat the TDD call as you would any other call. Do not worry about minor typos. If you really make a mistake, just type a few X's and start again. If you have trouble understanding what the person wants, keep asking questions until you do.

CLOSING

When ending a conversation, make sure that the deaf person has said everything they wanted to say. That is, do not just type, "SK," (Stop-Kill) and then hang up. It is customary to type something like, "GA or SK." "SKSK" indicates that the caller has nothing more to say and will hang up following your "SKSK." Also, punctuation is not essential.

**Common TDD
Abbreviations**

GA..Go Ahead

SK..Stop-Kill

Q..Question

PLS..Please

HLD..Hold

U..You

* Reprinted with permission from Secretary of State (Ill.)
Exhibit 2-3

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

COMMUNICATING WITH HARD-OF-HEARING PEOPLE
TIPS FOR POLICE

A number of points have proven successful for police when dialoguing with persons with hearing impairments. These should be kept in mind when conducting interviews.

1. BEFORE THE INTERVIEW:

- * If an Assistive Listening Device (ALD) is available, use it if it is helpful.
- * If the hard-of-hearing persons needs a hearing aid but does not have it, send for it.
- * If you have an accent, or are heavily bearded, get someone to do the questioning.
- * Choose a quiet, well-lighted environment.
- * Have paper and pencil ready.
- * Assume a patient, friendly and casual manner.
- * Review your own sign language skills or communication techniques.
- * Don't put any objects in your mouth.
- * Make certain that you have the extra time that may be needed for a successful interview.

2. AS YOU BEGIN THE INTERVIEW:

- * Place yourself facing the light source and keep your hands away from your mouth while speaking.
- * You may need to get the person's attention by using some physical signal such as tapping gently on the shoulder or waving your hand.
- * Openly ask the person what is the best way to interact.
- * If you are interviewing someone with a partial hearing impairment, ask where it would be most comfortable for you to sit.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

- * If an interpreter is present, speak to the person being interviewed rather than to the interpreter.
- * If the person is lip-reading, look directly at the interviewee. Speak slowly and clearly. Do not exaggerate your lip movements or shout. Speak expressively because the person will rely on your facial expressions, gestures and body movements to understand you. Keep in mind that it is estimated that only 3 out of 10 spoken words are visible on the lips.

3. DURING THE INTERVIEW.

- * Speak slowly and clearly. Allow ample time for the information to be assimilated and responses to be prepared.
- * Speak slightly louder than usual but do not shout.
- * If necessary, use paper and pencil to communicate.
- * Pantomime, body language and facial expression are important. Use all of them.
- * Pause slightly every sentence or two.
- * Spell names and new or unfamiliar words.
- * Allow time for rest; straining to hear is tiring.
- * Confirm understanding by asking that the gist of the message be repeated. One word may be mistaken for another. "Do you understand," will not reveal such mistakes.
- * Do not repeat a word more than once. Rephrase it if not understood.



Chapter III

PERSONS WITH MOBILITY IMPAIRMENTS

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

CHAPTER THREE
PERSONS WITH MOBILITY IMPAIRMENTS

ADVANCE ORGANIZERS

- * Persons with mobility impairments face architectural and attitudinal barriers in society.
- * Mobility impairments result from congenital defects, accidents or diseases.
- * Persons with this disability often encounter challenges with obtaining appropriate transportation and building access.
- * Federal law mandates that all public programs receiving federal funds be accessible to disabled persons. If the police station or courthouse is not accessible, it may be necessary to make special transportation and access provisions.
- * When dealing with these and all other citizens experiencing disabilities, remember that the disability is only one facet of the person. Respect them as a human being.
- * Police should note that a mobility impairment usually does not affect the ability to think or influence sensory abilities. Thus, their normal approach should incorporate a normal tone of voice and speech, an attitude of acceptance and understanding and the use of positive, non-verbal messages.
- * Victims with mobility impairment have generally accepted and adapted to their disability. However, a physical assault may make them feel particularly vulnerable causing an adjustment setback.
- * Police should be especially mindful of assistive devices when dealing with mobility impaired citizens.
- * Epilepsy is a seizure disorder which causes some motor disturbances.
- * In a petit mal seizure a person appears to be in a daze for a few seconds. In a grand mal seizure, the person becomes convulsive and falls to the ground.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

- * Psychomotor epilepsy is characterized by erratic motor behavior.
- * Because epileptic seizures involve temporary amnesia, the ability of victims or witnesses with this disorder to recall details may be affected.
- * An epileptic person takes medication to control their seizures and must not be separated from it.
- * There has been some scientific evidence linking stress and trauma to the onset of epileptic seizures. Given this, police should be mindful of the steps noted in the text to follow if a citizen has an epileptic seizure.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

I. INTRODUCTION

Persons with mobility impairments face two kinds of barriers in society: architectural and attitudinal.¹ Stairs outside and within buildings, bathrooms too narrow for wheelchairs, curbs on sidewalks, escalators to public transportation, and doors that must be pushed open are examples of architectural barriers.

Attitudinal barriers are usually more subtle, but easily recognized by a person with a mobility impairment. In a society that emphasizes physical beauty and youth, many able-bodied persons have real avoidance reactions when they see persons who do not fit their definitions of physical perfection.

Reactions of disgust, pity, and discomfort are often expressed non-verbally by able-bodied persons who may avert their eyes from the mobility impaired person and communicate with a third party rather than directly with the mobility-impaired person.

Police officers need to be aware of both the architectural and attitudinal barriers faced by the citizen with a mobility impairment. In their efforts to serve the public, these officers must attempt to accommodate that person on both levels.

II. TYPES OF MOBILITY IMPAIRMENTS

A mobility impairment is a permanent physical condition wherein a person does not have full use of one or more limbs, of the trunk of the body, or the neck.² Some mobility impaired persons cannot use the affected limb or area at all, either because of paralysis or amputation. More often, mobility impairment restricts or limits use of the affected limb or area.

Generally, mobility impairments result from congenital defects, accidents, or diseases.³ There are numerous conditions which may result in mobility impairments. Some of the most prevalent are:

1. Spinal Cord Injury. Spinal cord injury can occur as a result of diseases like muscular dystrophy and polio.⁴ Accidents, especially those involving automobiles, may also cause this condition. Spinal

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

cord injury may result in paralysis to the legs, the trunk, the arms, and the neck, depending on where the cord was severed or damaged.

2. Muscular Dystrophy. Muscular Dystrophy is a general term for a group of progressive diseases that are believed to be mostly inherited.⁵ It affects the peripheral muscles of the arms and legs and causes progressive weakening and deterioration of these muscles. It affects muscles equally on both sides of the body.
3. Polio. Polio is an infectious disease, usually contracted by children, which affects the spinal cord.⁶ Unlike muscular dystrophy, only one side of the body may be affected. Breathing is often hampered because of involvement of the diaphragm. The disabling conditions caused by polio tend to remain stable.
4. Amputation. Amputation is the removal of a limb or part of a limb, usually as a result of injury (often work-related) or disorder (as in severely complicated diabetes).⁷ Today's modern technology has allowed many amputees to take advantage of artificial limbs and other devices which can perform some of the same motions as fully functioning limbs.
5. Cerebral Palsy. Cerebral Palsy is a condition resulting from damage to the brain before, during, or after birth.⁸ It may be caused by oxygen deficiency in the womb; mother's illness during pregnancy; accident; lead poisoning; or child abuse. Depending on the extent of brain damage and how much of the central nervous system is involved, various motor functions may be affected. Control of limb movement is usually affected, and perception may also be impaired. Speech, hearing, and vision handicaps may exist. One should not assume that the person also is mentally retarded.
6. Stroke. Stroke, or cerebrovascular disease, occurs as a result of the supply of blood to the brain being cut off or interrupted.⁹ As a result, the area of the brain normally served by that supply ceases its activity and the body function controlled by that area is impaired. Hence, mobility may be restricted, sometimes only on one side of the body.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

Often language processing abilities, motor, speech, hearing, and visual disturbances are present.

There are other conditions which may cause mobility impairments. Among them are multiple sclerosis, birth defects, diabetes, and severe kidney disorders.¹⁰

III. IMPLICATIONS OF MOBILITY IMPAIRMENTS

Think of all the ways you use your hands, feet, arms, legs, and neck. Persons who are mobility impaired experience functional limitations in one or more of these appendages. They may have difficulty opening doors, manipulating objects, getting from one place to another, and so forth without the use of certain equipment and devices designed to assist those movements.

The major problems in limited mobility are those that involve transportation and access.¹¹ Many persons prefer wheelchairs for mobility, not necessarily because they are paralyzed and cannot walk. The reason is simply that wheelchairs often provide the easiest and quickest mobility. Others use canes, walkers, crutches, or braces to assist them. Still others may not use any aids at all.

IV. SPECIAL NEEDS OF MOBILITY IMPAIRED PERSONS

Persons with mobility impairments may have difficulties with transportation and physical access. If public transportation is not usable by the disabled person, other accommodations should be made to transport the person to your office or a home visit may be required.

In determining whether or not your building is accessible, you must consider the outside of the structure as well as the inside. Generally, you should be alert to the following items:

1. Availability of handicapped parking spaces;
2. Curb cuts on sidewalks;
3. Ramps where stairs may be present;
4. Alternatives to revolving or heavy doors;
5. Wide doorways;

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

6. Bare floors or thin carpeting for easy wheelchair mobility;
7. Low public telephones; and,
8. Accessible bathroom facilities such as wide stalls, wall handles, and automatic doors.¹²

If your building and/or office is not accessible, you should arrange for someone to facilitate the client's entry to your office. This should be done in whatever way your individual client prefers assistance. Ask him or her how you can help.

Remember that being carried, if that is what is necessary, can be a humiliating experience, and the kind of assistance that may be required for a mobility impaired person can easily destroy human dignity. The solution is to move to an accessible structure or to modify your own. Reconstruction and remodeling can be expensive, but some modifications such as ramps can be constructed rather inexpensively.

Although federal law mandates that all public programs receiving federal funds be accessible to disabled persons, there are many police stations and courthouses which do not meet these requirements.¹³ Therefore, it may be necessary to make special transportation and access provisions.

When dealing with these citizens, remember that, as in working with any disabled persons, the disability is only one facet of the person. Respect him or her as a human being. Responses of admiration or pity are inappropriate.

When talking with or about a mobility impaired person, never refer to him or her as, "crippled," which implies that the person cannot function effectively. Refer to the citizen as handicapped, disabled, or better yet, "A person with a disability." Talk directly with the person rather than through a third party. Do not hold or lean on a wheelchair or walking aid since this is an invasion of the person's personal space. Do not be afraid to use words such as "walking" or "running" in your speech since mobility impaired persons use these words themselves to describe their own motions.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

V. POLICE SITUATIONS

"Your attention is caught by someone who is jerky at the wheel of a car, but on second glance, you observe that the person is not speeding and has good control of the car."

"A person on the sidewalk has an unsteady gait and cannot walk a straight line, but there is no odor of alcohol on the breath, and he is not deliberately interfering with other people."

In situations where there is no immediate danger, stop to consider the possibility that perhaps the person's unusual behavior is actually caused by a disability. You may be intervening unnecessarily.

1. General Situations. When you encounter a person who is disabled, it is important to remember the following:
 - A. Speak directly to the person in a normal tone of voice and speech.
 - B. Convey an attitude of acceptance and understanding.
 - C. Show respect for the person.
 - D. Use positive, non-verbal messages through such means as posture, eye contact and tone of voice. ¹⁴

Although there are some disorders that impair other functions in addition to mobility, persons with this disability are generally of normal intelligence. A mobility impairment usually does not affect the ability to think, nor does it affect the sensory abilities. Exhibit 3-1 notes some suggestions for police to use when interviewing a person with a mobility impairment.

2. Victim of a Crime. In general, the procedure for dealing with a victim who has a mobility impairment will not differ from any other victim situation. However, there are additional factors you should consider. ¹⁵

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

While mobility impaired persons have generally accepted and adapted to their disability, a physical assault may make them feel particularly powerless. This may result in a setback in terms of their adjustment. Mobility impairments are visible handicaps, and those who have been physically assaulted may blame their impairment as having contributed to their vulnerability. Those who become disabled as a result of victimization will have a compounded problem. They will have to contend with the immediate trauma of victimization as well as life-long adaptations to their newly acquired disability.

3. Witness. Although there are some disorders that impair other functions in addition to mobility, persons in this disability group are generally of normal intelligence. A mobility impairment usually does not affect the ability to think, nor does it affect the sensory abilities.

One of your primary concerns in any case involving a witness who has a mobility impairment will be accessibility to police stations, courthouses and other facilities.

If it is necessary for the witness to come to the police station or to testify at the courthouse, try to determine if the building is accessible to persons with disabilities.

You should be alert to:

- A. Handicapped parking spaces;
- B. Doorways that are wide enough for a wheelchair;
- C. Ramps where stairs are present; and,
- D. Bathrooms that have special features such as wide stalls and grab bars. ¹⁶

If the building is not accessible, work with the person to determine what steps should be taken.

Also, you may encounter a witness with cerebral

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

palsy who has difficulty speaking and being understood. This limited speech ability can be better understood by bringing in a family member or teacher who is familiar with the person's speech.

4. Motor Vehicle Accident/Traffic Check. In addition to acquiring mobility with assistive devices such as wheelchairs, persons with mobility impairments are increasingly using automobiles to attain independence.

In most cases, automobiles or vans are specially equipped with a series of hand-controlled devices that permit the individual to drive. The equipment itself may vary depending on the nature and extent of the disability.

Hand-controlled vehicles can often be identified by the handicapped license plates. In some states, handicapped plates are imprinted with the international symbol of access, the wheelchair image.

If you are called to the scene of a motor vehicle accident involving a person with a mobility impairment, the handicapped license plate should immediately alert you to the possibility that the person may be unable to get out of the car under his or her own power.

Even if the car does not have handicapped plates, a handicapped parking card or the presence of assistive devices in the automobile should alert you to the problem.

Similarly, if a person with a mobility impairment is stopped for a traffic violation, it may be difficult for that person to get out of his or her car and into the squad car for a write-up.

If a person with a mobility impairment is violating traffic laws or is at fault in an accident, do not let pity or sympathy interfere with your job. However, keep in mind that the individual may have special needs.

5. Offender. You may be involved in a situation with an alleged offender who has a mobility impairment.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

Although it is unlikely that you will have to chase a wheelchair-bound robber from the scene of an armed robbery, it is possible that a person who is disabled could be involved in a white-collar or narcotic-related crime.

The major problem in dealing with a mobility-impaired offender will be what to do with the assistive device.

Taking away assistive devices can leave the person totally immobile and, therefore, dependent on the police or correctional officer for such things as movement, personal hygiene, etc. However, arresting officers should protect themselves if the potential exists for these devices to be used as weapons.

This scenario is very similar to the one involving a deaf person reaching for his or her writing pad, presenting a choice between the personal safety of the officer and preserving the dignity of the person who is disabled. There is no easy answer for this situation or any other involving a person who is disabled. You can only apply what you have learned and exercise judgement and respect.

VI. PERSONS WITH EPILEPSY

Epilepsy does not comfortably fit into the category of mobility impairments, but it is necessary to provide some information about this disorder. As a police officer you may need to have a basic understanding of this condition.

Epilepsy is a seizure disorder which causes some motor disturbances while the person is experiencing the seizure.¹⁷ Two types of epilepsy which you may be familiar with are petit mal and grand mal.¹⁸ Both are characterized by a loss of consciousness during the seizure. In the petit mal seizure, a person appears to be in a daze or daydreaming for just a few seconds. In the grand mal seizure, persons become convulsive and fall to the ground, perhaps flailing their limbs and head.

Psychomotor epilepsy is characterized by erratic motor behavior and apparent consciousness.¹⁹ Flailing of the arms, aimless walking, and inappropriate touching are some of the common behaviors of this type of seizure.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

Because epileptic seizures involve temporary amnesia, the ability of victims or witnesses with this disorder to recall the details of the crime may be affected. Recall abilities will depend on whether or not the individual was experiencing a seizure during the crime and whether or not the individual has good recall abilities when not in seizure. In some cases epilepsy appears to have an affect on long-term memory. The best way to ascertain abilities for testimony purposes is to contact his or her neurologist for a professional opinion. Of course, this only occurs when permission is given by the citizen.

Persons with epilepsy take medication to control their seizures. An epileptic person must not be separated from his or her medication. If it was stolen when the citizen was victimized (medication includes some barbituates, making it a likely target for theft), contact the appropriate physician or pharmacy immediately.

There has been some scientific evidence linking stress and trauma to the onset of epileptic seizures. If a client has a petit mal seizure, no special steps are required. However, it is a good idea to follow these procedures:

1. Speak calmly and reassuringly to the person and others.
2. Guide the individual gently away from obvious hazards.
3. Stay until the person is completely aware of the surroundings.
4. Be very cautious so as to not interpret a period of "automatic behavior" as public drunkenness, being drunk and disorderly, or being high on illegal drugs.
5. Be aware that the behavior can be mistaken for a period of mental illness.²⁰

If the citizen has a grand mal seizure in your presence:

1. Keep Calm. Although the attack may involve thrashing movements of the body, the individual will come out of it in a few minutes. It cannot be stopped, but must run its natural course.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

2. Try to keep the citizen from hitting his or her head on anything. Move the individual to a safe position, but do not interfere with body movements.
3. Loosen tight clothing, particularly around the neck.
4. Do not force anything between the teeth.
5. Put a pillow or folded coat under the head.
6. Once the convulsive movements stop, turn the person to the side to allow excess saliva to drain out of the mouth. Do not put anything in the mouth. A short period of rest may be necessary.
7. If the seizures do not stop within ten or fifteen minutes, or if repeated seizures follow soon after the first, call a physician or an ambulance. After a severe seizure, the person will probably fall into a deep sleep.²¹

Because seizures result in some degree of temporary amnesia, persons with epilepsy may have difficulty remembering details of a sequence of events.

Finally, if a person with epilepsy is incarcerated, death or injury can result if the anti-seizure medication is impounded.

VII. READING AND RESOURCES

TOLL-FREE NUMBERS

<u>Arthritis Foundation</u>	(800) 572-2397
<u>Epilepsy Foundation of America (Washington, D.C.)</u>	(800) EFA-1000
<u>Epilepsy Information Line (Washington, D.C.)</u>	(800) 426-0660
<u>National Easter Seal Society (New York)</u>	(800) 221-6827
<u>National Spinal Cord Injury Association</u>	(800) 962-9629

**"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES**

PUBLICATIONS

Epilepsy: Recognition and First Aid. Epilepsy Foundation
of America. Landover, Maryland.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

REFERENCES

- 1 Per-Lee, Victim Justice for Disabled Persons, p. 46.
- 2 Loc. cit.
- 3 Abt, Pennsylvania - Our Statewide Needs Assessment,
p. 32.
- 4 Per-Lee, op. cit., p. 48.
- 5 American Heritage Dictionary, p. 823.
- 6 Illinois, Your Encounter with the Disabled, p. 16.
- 7 American Heritage Dictionary, op. cit., p. 105.
- 8 Ibid., p. 254.
- 9 Ibid. p. 1207.
- 10 American Association of Retired Persons, Law
Enforcement and Older Persons, p. I-18.
- 11 National Council of Senior Citizens, Effective
Responses to the Crime Problem of Older Americans, p. 60.
- 12 Per-Lee, op. cit., p. 52.
- 13 Government Accounting Office, Persons with
Disabilities, p. 1.
- 14 State Of Illinois, Law Enforcement and the Disabled,
p. 31.
- 15 Ibid., p. 32.
- 16 Loc. cit.
- 17 American Heritage Dictionary, op. cit., p. 459.
- 18 Per-Lee, op. cit., p. 55.
- 19 Loc. cit.
- 20 Ibid., p. 56.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

21 Ibid., p. 57.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

COMMUNICATING WITH MOBILITY IMPAIRED PEOPLE
TIPS FOR POLICE *

There are some common truisms useful for police when interviewing persons with mobility impairments. These are:

1. BEFORE THE INTERVIEW:

- * Select a site where there are parking spaces reserved for persons with disabilities nearby?
- * The entrance should be step-free or ramped.
- * Restrooms should be accessible.
- * If you hold your conversation above the first floor make certain there is an elevator.
- * Water fountains and telephones should be low enough for a person in a wheelchair to use.
- * Notify the interviewee in advance if there are problems with the location. Discuss what to do and make alternate plans with the person you plan to interview.

2. DURING THE INTERVIEW.

- * Encourage people who use crutches or canes to keep them within easy reach.
- * Do not lean on a person's wheelchair. The chair is part of the body space of the person who uses it.
- * When interviewing a person who uses a wheelchair or crutches for more than a few minutes, sit down or kneel to place yourself at that person's eye level.
- * Do not patronize people who use wheelchairs by patting them on the head.

* Extracted with permission from, "Awareness is the First Step Toward Change," developed by the National Easter Seal Society.



Chapter IV

PERSONS WITH VISUAL IMPAIRMENTS

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

CHAPTER FOUR
PERSONS WITH VISUAL IMPAIRMENTS

ADVANCE ORGANIZERS

- * There is a historical misconception that blind persons are inferior and helpless.
- * Approximately one person out of every 200 has severe visual impairments.
- * The accepted definition of partial sight or low vision is that, with correction in the better eye, a person can see at 20 feet what a person with normal vision can see between 70 and 299 feet.
- * Visually impaired persons can compensate for not seeing by relying on hearing, touch and other senses to relate to their surroundings.
- * Blind persons do not have extrasensory abilities. A more realistic statement is that they listen more discriminately.
- * Most blind persons learn their environments with their hands and feet.
- * Visually impaired persons may experience some additional fear and disorientation after being victimized.
- * Blind person's testimony can be considered reliable when sense memories involving hearing and touch are admissible.
- * Of the 500,000 persons in the United States who have both hearing and visual impairments, 24,000 are characterized as deaf-blind.
- * Most deaf-blind persons have adapted to their impairments. Many have received training to communicate with sign language and fingerspelling. They make these gestures in their hands to experience the feelings.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

CHAPTER FOUR
PERSONS WITH VISUAL IMPAIRMENTS

I. INTRODUCTION

Persons who are blind receive more attention than many other groups of the disabled. This perception arises from the historical misconception of the blind as inferior and helpless. This causes misunderstandings regarding the nature of blindness and what these citizens can accomplish.

With approximately one person out of every 200 having severe visual impairments, the chances of a police officer encountering a blind person are significant.¹ Therefore, it is important to realize the nature of the disability and understand how to communicate effectively.

II. TYPES OF VISUAL IMPAIRMENTS

Blindness is not the only type of visual impairment. Visual impairment, like hearing impairment, is a matter of degree. People who have visual impairments are referred to as partially sighted or blind, depending upon the degree of impairment.² When we refer to visually impaired persons, it does not mean those whose vision can be corrected with appropriate lenses. However, some partially-sighted persons wear lenses to improve their visual acuity.

The accepted definition of partial sight or low vision is that, with correction in the better eye, a person can see at 20 feet what a person with normal vision can see between 70 and 299 feet.³ Their peripheral vision is at an angle of less than 30 degrees. In actuality, partially-sighted persons can usually see large images, although their outlines may be blurred. Small images are more difficult to identify and, therefore, may need to be brought very close to the eyes for recognition. Magnifying devices for reading regular print or special large print materials may be required.

Blindness means a total lack of visual images. There are an estimated 100,000 persons in the United States who are totally blind.⁴ However, The National Society for the Prevention of Blindness estimates that there are approximately half a million people in this country who are classified as legally blind.⁵ This means that they can see with correction in the better eye at 20 feet what a person with normal vision can see at 200 feet. Their peripheral vision is at an angle of less than 20 degrees. Most people

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

who are considered blind have some vision, although the degree to which it is usable varies from person to person and from task to task.

Partial vision and blindness may be present from birth or may occur later. Vision impairments may have a sudden or gradual onset. Often the actual cause of visual impairments is unknown, but certain conditions known to be factors are diabetic retinopathy, glaucoma, macular degeneration, and retinitis pigmentosa.⁶ These conditions specifically damage eye tissue responsible for sight.

III. IMPLICATIONS OF VISUAL IMPAIRMENTS

By and large, sight is the only function that is limited in a person with visual impairment. Obviously, those activities which, by their very nature, require sight, like reading and writing, will be affected. Perception of color may be quite accurate in partially sighted persons.⁷ Further, except for those persons who are totally blind, color, or more particularly light, may be perceived by those who are legally blind.

IV. ABILITIES OF VISUALLY IMPAIRED PERSONS

Sight is an important means of identifying people, environment and objects. However, visually impaired persons can compensate for not seeing. They can rely on hearing, touch, and other senses to relate to their surroundings.⁸

Many myths prevail about the extrasensory abilities of blind persons. Among them is one that they can hear things that sighted people cannot hear. Perhaps a more realistic statement about blind persons is that they listen more discriminately. They are likely to remember voices that they have heard before, if those voices are meaningful to them. In the same way that you would not remember the faces that you saw on a busy street during the noon hour, but would remember the face of a citizen that you served last week, so the blind person would be more likely to remember the voice of a person with whom he or she had professional or personal contact.

Even when there is no personal contact, there are times when something about a person is striking and makes a visual impression on your mind. The same is true of blind persons. When something about the voice of a stranger stands out, it will make an auditory imprint.⁹ Something peculiar about a

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

speech pattern can be heard and remembered. Of course, just as sighted persons all have different visual recall aptitudes, so blind persons all possess different auditory recall abilities.

Touch is extremely important to a visually impaired person's ability to relate to his or her environment. Most blind persons learn their environments with their hands and feet. Many are adept at maneuvering with canes, a kind of extension of their hands and feet, or use trained dog guides as mobility aids.

V. POLICE SITUATIONS

Chances are that a law enforcement officer will come into contact on a regular basis with citizens who are visually impaired. What follows are some points to keep in mind:

1. General Public Contacts. As a police officer, you are most likely to encounter blind people when they appear to be lost or needing assistance. In addition to the points noted in Exhibit 4.1 the following should be kept in mind:
 - A. Identify Yourself Immediately. Say something like, "I am a police officer. May I be of assistance to you?" This approach puts the blind person on an equal basis with you, avoids embarrassment, and establishes a suitable relationship.
 - B. Have the person take your arm. When assisting a visually impaired pedestrian, you should keep in mind that he or she follows the movement of your body. When you come to a curb or a set of steps, he or she feels you rise or descend and moves easily beside you. Of course, it is an extra help to say something like, "Here is the curb," etc.
 - C. Never push the person ahead of you. When he or she takes your arm, walking becomes a pleasure instead of a burden.
 - D. Ask sighted people in the patrol area to keep the sidewalk clear. This additional courtesy will enable visually impaired persons

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

in the neighborhood to walk without the fear of tripping over objects.

If you are performing traffic duty in the middle of an intersection, your first thought may be to wave a blind person through with a hand signal. Remember, that he or she does not see you.¹⁰

2. Victim of Crime. Anyone's memory may be affected by trauma. Persons who are visually impaired, especially those who are blind, may experience some disorientation to their environment after having been victimized. Things like frequently used telephone numbers, where items have been placed in the home, and how to get from home to another destination may be temporarily forgotten in a time of high emotional stress. For that, home visits or an escort may be necessary.

Not seeing may create special fears. Just as blind persons are at a disadvantage during a personal attack because they cannot see their attackers to anticipate where they are going to hit to defend or protect themselves accordingly, so they cannot see if they are going to need that defense after the original attack. Blind persons cannot see if someone is following on the street or is hiding in their home. If this kind of fear is apparent, follow-up contacts are recommended. If extreme fear persists, long-term counseling is recommended.

Remember that blind persons cannot read or fill out police forms or other printed materials. Along the same lines, special effort may be needed to notify these persons of court appearances. It may be necessary to communicate these notices by phone as well as mail. Most blind persons arrange to have their mail read to them, but a phone call would be an additional courtesy.

Blind persons' testimony regarding a criminal act can be considered reliable when sense memories involving hearing and touch are admissible.¹¹ Remember that certain things which sighted persons identify mainly by sight can also be identified by a blind person using texture. This includes facial hair, complexion type, hair length, clothing, and

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

approximate height and weight.

The visual testimony of partially sighted persons will depend on the degree of usable sight. In general, large objects or persons can be identified without close scrutiny.

A few pointers about communicating with the blind victim/witness:

- A. Talk directly to the blind person as you would any client.
- B. When you enter a room, identify yourself to a blind person by name.
- C. Do not be afraid to use visual words when talking to a blind person. You can use, "You see?" or "You understand?" and "Did it look as though?". You will find that blind persons use these words in their own communication.
- D. When you offer assistance to a blind person, do it with your voice, not by grabbing his or her arm. A blind person will normally take your arm if your assistance is needed. Do not hesitate to ask a blind person how you can best assist him or her.
- E. Do not pet a guide dog while the animal is on duty. They are trained to pay attention to environmental cues so that they can lead their masters. Talking to and touching the dog will distract it.¹²

VI. CITIZENS WHO ARE BOTH DEAF AND BLIND

More than 500,000 persons in the United States have both hearing and visual impairments.¹³ Of those, 24,000 persons are estimated to have impairments so severe that they are categorized as deaf-blind. It is perhaps because the incidence of deaf-blindness is low that the public understands little about this disability. Most persons never meet persons who are both deaf and blind.

1. What is deaf-blindness? Deaf-blindness is a double impairment. It is severe enough to fit into the definition of legal blindness with a hearing

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

impairment severe enough to be called deaf.¹⁴ It is a simple definition, but persons who are deaf-blind cannot be so easily categorized when it comes to their abilities. Most deaf-blind persons are not totally deaf and totally blind. Some have usable hearing, some have usable vision, and some have usable hearing and vision.

Deaf-blindness may be present from birth or, more likely, may be adventitious. The common cause of deaf-blindness is a disorder called Usher's Syndrome.¹⁵ This occurs when a person who is congenitally deaf experiences a gradual loss of vision caused by retinitis pigmentosa. In other syndromes, congenital blindness is followed by a gradual or sudden loss of hearing. Sometimes the onset of the second sensory impairment does not occur until adolescence or early adulthood, so that the person who has already adapted to one disability must learn to accept and adapt to another.

2. Implications of deaf-blindness. Obviously, both sight and hearing is affected by the conditions of deaf-blindness, although the degree to which each or both of these functions is impaired must be determined on an individual basis.

In cases where deafness preceded the onset of blindness, the deaf-blind person may have difficulties in English language processing, much like deaf persons who do not have visual impairments. If the hearing loss occurred after language was learned, communication should not be a problem and speech may be quite understandable.

Since most cases of deaf-blindness are the result of Usher's Syndrome, the citizen may be experiencing one of the stages of progressive vision loss caused by retinitis pigmentosa.¹⁶ Generally, this disorder begins by affecting one's ability to see in the dark, a condition known as night blindness. Then gradually it affects peripheral vision, making the field of vision narrower with the progressive worsening of the disease. This is known as tunnel vision. Depending on the severity of the tunnel vision, some vision may, therefore, still be usable.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

Balance is often affected by night blindness and tunnel vision. Often deaf-blind persons are stopped by the police for what is mistaken as drunkenness. This occurs as they are walking at night without canes or other aids and may be wavering.

3. Abilities of deaf-blind persons. Deaf-blindness is a serious and severe multiple handicap. However, most deaf-blind persons have adapted to their impairments. They can lead successful personal lives and be employed in several capacities.

Because vision and hearing are severely impaired, deaf-blind persons rely primarily on touch to experience and identify their environments. Many deaf-blind persons can identify others by their handshakes. They can feel tensions through the hands and body of another, can identify types of clothing, height, weight, and so forth.

Depending on whether or not deafness preceded blindness, deaf-blind persons may or may not know sign language. If they were educated in a school for the deaf, they probably communicate with sign language and fingerspelling. However, since they cannot see the signs, these gestures are made in their hands so they can feel them. Other means of communicating with deaf-blind individuals are:

- A. Talking loudly in one ear if they have residual hearing;
- B. Tracing large block letters with your fingers either on the palms of their hands, forearms, back, or chest;
- C. Writing with a thick black felt tip marking pen on large white paper under bright light, if they have residual vision; and,
- D. Allowing the deaf-blind person to feel the movements of your face as you speak, a system called the Tadoma Method.¹⁷

Deaf-blind persons rely on many aids and devices to enhance their residual sensory abilities. Many wear hearing aids, and most use either braille or magnifying devices.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

4. Special needs of deaf-blind persons. In general, the special needs of blind persons and deaf persons apply to deaf-blind citizens. However, a few points are highlighted which will specifically make your work with deaf-blind citizens easier.¹⁸

- A. Ascertain immediately what form of communication the citizen wishes to use. One way to find out if he or she has usable vision is to stand in a brightly lit room or under a street light and write in large letters. If the citizen does not respond, try tracing block letters on his or her palm. Allow him or her to do the same in your palm when he or she responds. If it is clear that the citizen uses sign language, call in an interpreter. In any case, it might be easier if someone familiar with the citizen, like a friend or relative, is called to aid communication.
- B. Arrange the details, including the when, where, and how (transportation) of follow-up visits at the first meeting, since both mail and telephone communication may be difficult.
- C. In any legal proceedings the citizen will need interpreting services.
- D. The most important thing is to ask the citizen what his or her needs are. Explain how you can be of assistance, what your role is, and the kinds of services you can provide. Let the citizen set the parameters.

VII. READING AND RESOURCES

TOLL-FREE NUMBERS

<u>American Foundation for the Blind, Inc.</u>	(800) 232-5463
<u>Elderlink (Help for the long distance care-giver)</u>	(800) 252-8966
<u>National Library for Blind and Physically Handicapped</u>	(800) 424-8567
<u>Retinitis Pigmentosa (Maryland)</u>	(800) 638-2300

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

PUBLICATIONS

Facts About Visual Impairment. American Foundation for the
Blind. New York.

How Does a Blind Person Get Around? American Foundation for
the Blind, New York.

Jernigan, Kenneth. Blindness-Concepts and Misconceptions:
National Federation of the Blind, Baltimore, Maryland.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

REFERENCES

- 1 Illinois, Your Encounter with the Disabled, p. 18.
- 2 Per-Lee, Victim Justice for Disabled Persons, p. 34.
- 3 Loc. cit.
- 4 Loc. cit.
- 5 Loc. cit.
- 6 American Association of Retired Persons, Law Enforcement and Older Persons, p. I-32.
- 7 Ibid., p. I-37.
- 8 Ibid., p. I-40.
- 9 Per-Lee, op. cit., p. 37.
- 10 Illinois, Law Enforcement and the Disabled, p. 20.
- 11 Per-Lee, loc. cit.
- 12 Ibid., p. 40.
- 13 Ibid., p. 41.
- 14 Loc. cit.
- 15 Loc. cit.
- 16 Ibid., p. 42
- 17 Ibid., p. 44.
- 18 Ibid., p. 45.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

**POINTERS FOR POLICE
ASSISTING
VISUALLY IMPAIRED CITIZENS ***

- WALKING** - Let the blind person take your arm. The motion will guide them.
- DINING** - Read the menu and prices to the blind person. Using the clock method, explain the position of the food on their plate. Provide additional assistance as requested.
- TALKING** - A blind person can hear as well as you. Always talk directly to him or her, not through a companion.
- WHEN ALONE** - Always identify yourself when entering a room occupied by a blind person.
- IN THE HOUSE** - Never leave doors ajar. Keep corridors clear of clutter. Tell the visually impaired person when furniture is moved.
- SEATING** - When showing a blind person to a chair, put their hand on the back. They will then be able to seat themselves easily from that point.
- DOGS** - Always remember guide dogs which assist the blind are not pets. The handler is relying on the dog's alertness and the animal should not be distracted.
- DIRECTIONS** - Give directions as clearly as possible. LEFT or RIGHT should be indicated according to the way the blind person is facing.

* This information was extracted with permission from "Assisting the Blind," Blinded Veterans' Association, Illinois Regional Group.



Chapter V

PERSONS WITH COMMUNICATION IMPAIRMENTS

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

CHAPTER FIVE
PERSONS WITH COMMUNICATION IMPAIRMENTS

- * Communication disorders are invisible and have a profound impact on the way others react to a person.
- * They are classified as speech, language and hearing disorders. This section discusses only language and speech impairments.
- * Speech disorders include voice, articulation and stuttering disorders.
- * Language impairments involve difficulties in the mental processing. It may be caused by slow maturation, malnutrition, bilingual factors, learning disabilities, stroke or other neurological impairments.
- * It is difficult to generalize about the abilities of communication impaired persons because there are a variety of causes, symptoms and degrees of severity.
- * Communication impaired persons need the patience of their listeners. This can be communicated by watching as well as listening.
- * Communication impairments do not necessarily imply psychological disturbances or mental retardation. More likely, the person will have average or above average intelligence. Thus, it is likely that they will be able to offer reliable testimony.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

CHAPTER FIVE
PERSONS WITH COMMUNICATION IMPAIRMENTS

I. INTRODUCTION

Communication disorders are invisible ones and do not mark individuals as obviously "different." Nevertheless, they can have a profound impact on the way others react to a person. Just as society has created images of the perfect physical specimen, so it has developed concepts for perfect speech. Certain idiosyncrasies in speech are acceptable. Some dialects, for example, are considered pleasant or cute. But some speech patterns and habits are associated with undesirable personality characteristics. Hence, the old adage, "Speech is the mirror of the soul; as man speaks, so is he," lives on in our responses to persons with communication impairments.

II. TYPES OF COMMUNICATION IMPAIRMENTS

Generally, communication disorders are classified into three groups: speech, language, and hearing disorders.¹ You are referred to the section on hearing impairments for a discussion of the communication impairments connected with hearing loss. Discussion in this section is confined to those that involve language and speech impairments which do not occur as a result of hearing impairments.

Speech disorders include difficulties that have to do with the actual physical production of sound, either in the manner that voice is produced, how the sounds are formulated in the mouth (articulation), or the rhythm of speech. Therefore, speech impairments are themselves divided into three categories: voice disorders, articulation disorders, and stuttering.²

Speech difficulties may be the result of poor speech habits, hearing problems, cerebral palsy, laryngectomy (removal of the larynx usually because of cancer), cleft palate or lip, stroke, as well as a number of other neurological, physiological, physical and psychological problems.³ Some speech difficulties may be the result of more than one factor. Stuttering, for example, is believed to be attributable to neurological, physiological, psychological and emotional problems.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

Language impairments involve difficulties in the mental processing of language. This is the vocabulary, grammar, and syntax that individuals within a culture use to communicate their ideas. Some persons with language impairments have difficulty understanding what is said to them, although their hearing acuity may be normal. These persons have receptive impairments. Others have difficulty formulating their own thoughts into appropriate language. These citizens have expressive language impairments.

Difficulties in language processing may be the result of slow maturation, malnutrition, bilingual factors, learning disabilities, stroke or other neurological impairments including those caused by head injuries.⁴

III. IMPLICATIONS OF COMMUNICATION IMPAIRMENTS

Persons with speech disorders may experience difficulty being understood. Speech may be slow, labored, garbled, or slurred. Pitch may be too high by societal standards. Some voices are very raspy or nasal. Others, like the voice of a laryngectomee, may be very deep, throaty, and gruff. Stutterers, because of their frequent hesitations and interruptions, may distract their listener, who allows himself or herself to be swayed by the way the message was said rather than the message itself. The important point to remember is that persons rarely exhibit speech problems so severe that they cannot, in fact, be understood.

Those who have language impairments, especially those whose expressive abilities are affected, are often not understood because of the content of their message. Disabilities such as stroke, which may involve both speech and language impairments, may present particular difficulties in communication. However, even these problems can be reduced significantly if other modes of communication are explored. This is covered in the section covering special needs of persons with communication impairments.

IV. ABILITIES OF COMMUNICATION IMPAIRED PERSONS

It is extremely difficult to generalize about the abilities of communication impaired persons because there are a variety of causes, symptoms, and degrees of severity. Also, communication difficulties do sometimes coincide with other impairments. These include mobility (i.e. stroke and cerebral palsy), sensory (i.e. deafness), mental retardation, and psychological or emotional disorders.⁵

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

Since communication disorders are most often present without limitations to other functions, one should not assume the involvement of other functions. This is the case especially since one should not assume that a communication impairment implies an impairment to a person's intellectual abilities.

V. SPECIAL NEEDS OF COMMUNICATION IMPAIRED PERSONS

Communication impaired persons need most of all the patience of their listeners. For those victims who have speech impairments, patience on your part will mean greater concentration on what is said. In the first few minutes of your meeting you may have difficulty understanding the person's speech, but that obstacle should disappear as you become accustomed to it. Allow the citizen to complete the expression of his or her thoughts, even if you can anticipate them. If the person stutters or has slow, labored speech, do not fill in words or phrases for him or her.

Your patience and positive attitude can be communicated by watching as well as listening. Maintain eye contact with the citizen.

For persons with language impairments, patience will mean that you substitute more intelligible words for others which may be difficult to understand. It may mean that you suggest writing parts of your message on paper and ask the citizen to communicate by writing his or her messages. Often persons with auditory language difficulties do not have the same difficulty communicating in writing. Patience will mean that you are open to exploring new methods of communication, even if they may take more time.

Family members and friends of the citizen can be especially helpful when communication problems are severe. They usually will have already established an easy and familiar rapport with the communication impaired person. Often, people with severe communication impairments have worked with professional speech and language therapists. Contact with the person's therapist should provide some ideas on how to communicate effectively. You might want to telephone a local speech clinic if needed.

Speech therapists may also be helpful in providing general information about the citizen's specific communication impairment. This information will be helpful

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

when you, in turn, educate others about the impairment in the citizen's behalf. Other police officers, judges, or attorneys may have some reservations about a communication impaired person's ability to offer reliable testimony. Often they, like many others, are misinformed about communication disorders and believe that they are always related to psychological disturbances or mental retardation.

When the citizen presents multi-handicapping conditions, as a cerebral palsy or stroke client might, you should be well-armed with information about his or her disorder. A person with cerebral palsy may simply have a mobility impairment. In severe cases, however, a person with cerebral palsy may exhibit uncontrollable movements of head, arms, and legs. They also might have hearing loss, slurred speech, uncontrollable eye movements and the appearance of not focusing directly on a person or object. Although mental retardation may be present, more likely the person will have average or above average intelligence. Understanding and recognition of the person's abilities can and should be communicated to other participants in the criminal justice system.

VI. READING AND RESOURCES

TOLL-FREE NUMBERS

National Association for Speech and Hearing (800) 638-8255
(Maryland)

PUBLICATIONS

Gustason, Gerilee, Donna Psetzinz, and Esther Zawolkow.
Signing Exact English: Modern Science Press, Silver
Spring, Maryland, 1975.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

REFERENCES

- 1 Per-Lee, Victim Justice for Disabled Persons, p. 58.
- 2 Loc. cit.
- 3 Ibid., p. 59.
- 4 Loc. cit.
- 5 Ibid., p. 61.



Chapter VI

PERSONS WITH MENTAL ILLNESS

"TOGETHER, WE CAN MAKE A DIFFERENCE
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

CHAPTER SIX
PERSONS WITH MENTAL ILLNESS

ADVANCE ORGANIZERS

- * Estimates of Americans who suffer from emotional or mental disorders run up to 10 million persons.
- * The ability to relate to persons who are mentally ill depends to a large extent on the ability to understand them. An emotionally disturbed person is extremely sensitive to your mood.
- * Organic and functional disorders constitute the two categories of mental illness.
- * There are two levels of incapacitation. Persons who are neurotic are usually able to identify their problems and earn a living. Persons who are psychotic undergo severe emotional disturbances.
- * A mentally ill person's behavior is often eccentric and characterized by sudden changes.

"TOGETHER, WE CAN MAKE A DIFFERENCE
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

CHAPTER SIX
PERSONS WITH MENTAL ILLNESS

I. INTRODUCTION

Estimates of Americans who suffer from some emotional or mental disorder serious enough to require treatment run up to 10 million persons.¹ Given these figures, as a police officer, you are certain to meet a number of citizens during your career who are mentally ill.

Mental illness is prevalent throughout our communities. It affects all ages, levels of society, and ethnic groups.

Your ability to relate to persons who are mentally ill will depend to a large extent on an ability to understand them. Even an elementary knowledge of mental disorders will help to avoid the feeling of uneasiness that hinders many people when they meet someone with this condition.

* REMEMBER: MENTAL ILLNESS IS NOT THE SAME AS MENTAL RETARDATION.

II. CATEGORIES

There are two categories of mental disorders. The sections that follow explain each in more detail.

1. ORGANIC DISORDERS. When there is physical damage to the brain or central nervous system, the disturbance is organic.² This is similar to a computer that has received some mechanical injury to its circuit.

Organic disorders can be caused by head wounds, repeated blows to the head, infections of the brain, and certain disorders such as Alzheimer's disease. Alcohol and drug use may also cause organic disorders. Older people sometimes are afflicted by an inadequate supply of blood to the brain. If this inadequacy causes permanent injury to the tissues (such as following a stroke), it produces symptoms of senility.³ Senility is also called dementia. Senility can also be caused by diseases such as Alzheimer's, which cause slowly worsening memory problems and behavioral changes.

**"TOGETHER, WE CAN MAKE A DIFFERENCE
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES**

2. **FUNCTIONAL DISORDERS.** When the brain shows no sign of actual injury, but nevertheless appears to work improperly, the problem is called functional.⁴ This category includes problems with anxiety, depression, personality, and psychosis.

III. DEGREES

Mental illnesses range in seriousness from those which cause eccentricity to those which incapacitate the person entirely. Although there is no clear dividing line, it is convenient to distinguish two levels of incapacitation.

1. **NEUROSIS.** Persons who are neurotic are troubled by feelings of anxiety, depression or both.⁵ Nevertheless, they are usually able to identify their problems and earn a living.
2. **PSYCHOSIS.** Persons who are psychotic undergo severe emotional disturbances.⁶ Their ideas are irrational, and they may behave in ways that have little bearing on reality. They cannot function effectively, either at work or in social relationships. The person may be completely unaware of this.

IV. SYMPTOMS

It is not easy to distinguish organic diseases from the functional by their symptoms. Normal people usually act in ways that suit the situation in which they find themselves. A mentally ill person's behavior is often eccentric. These are some examples: laughing or crying for no reason; standing on a street corner and talking in a loud irrational manner; and, becoming very frightened when there is no real danger.

1. **BEHAVIOR CHANGES.** Sudden changes in behavior are symptoms of mental illness. Some examples are:
 - A. Irrational behavior which does not fit the situation.
 - B. Sudden shifts in behavior, as from cautious to reckless.
 - C. Unprovoked aggressiveness.
 - D. Amnesia (severe loss of memory).

**"TOGETHER, WE CAN MAKE A DIFFERENCE
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES**

- E. Unwarranted or prolonged depression.
 - F. Delusions of grandeur or of prosecution (false beliefs).
 - G. Hallucinations (hearing or seeing things that are not actually there).⁷
2. CLUES. When mental illness is due to alcohol or other forms of chemical abuse, you can be guided by physical clues. Some of these are:
- A. Shaky movements.
 - B. A gray/yellowish complexion.
 - C. Liquor on the breath.
 - D. Needle marks (tracks) or sores from injecting or sniffing drugs.
 - E. Abnormally dilated or contracted pupils of the eyes.⁸
3. SIMILAR PHYSICAL CONDITIONS. Many physical conditions can create symptoms similar to mental disorders. They may include:
- A. Head injuries.
 - B. Diabetes.
 - C. Meningitis.
 - D. Brain tumors.
 - E. High blood pressure.
 - F. Influenza.
 - G. Severe infections.
 - H. Hardening of the arteries in the brain.
 - I. Epilepsy.⁹

**"TOGETHER, WE CAN MAKE A DIFFERENCE
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES**

4. ACTION. All of these ailments require prompt medical attention. If you should come into contact with someone who shows severe symptoms, action should be taken. This includes:
 - A. See that the individual receives appropriate medical attention.
 - B. Let professional medical specialists diagnose the ailment.¹⁰

V. POLICE SITUATIONS

A person jumps from one idea to another in a totally irrational manner. He may start to talk about inflation and suddenly switch to sports. If you then say that someone has set a new record for the high jump, he may reply, "I have the finest collection of Dixieland records in the country."

You are visiting someone's home and a family member is very frightened and losing control. What do you do?

A person who is mentally ill deliberately tries to provoke you, jeers or gives verbal abuse. What is your first reaction?

1. SUCCESS IN DEALING WITH PERSONS DISPLAYING THESE EMOTIONS DEPENDS LARGELY UPON YOUR APPROACH. AN EMOTIONALLY DISTURBED PERSON IS EXTREMELY SENSITIVE TO YOUR MOOD.
 - A. Keep cool.
 - B. Present a calm, friendly attitude.
 - C. Do not threaten the person.
 - D. Remain alert.
 - E. Try to learn something about the individual.
 - E. Talk in a confident, calm tone of voice.
 - G. Don't deceive the person.
 - H. Don't get involved with personal problems.

**"TOGETHER, WE CAN MAKE A DIFFERENCE
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES**

- I. Don't take insults personally.
- J. Give the person "space." ¹¹
- 2. AFTER THE PERSON HAS CALMED DOWN AND IS UNDER CONTROL, TRY TO GET EXPERT ADVICE ON THE DISPOSITION OF THE CASE. YOU MAY CONSULT:
 - A. Family members and friends.
 - B. Personal physician.
 - C. Mental Health agencies.
 - D. Suicide Prevention agencies. ¹²
- 3. IF IT BECOMES NECESSARY TO TRANSPORT THE PERSON TO A HOSPITAL OR MENTAL HEALTH CLINIC:
 - A. Ask for assistance from a fellow officer.
 - B. In those rare cases when physical restraint becomes necessary, every effort should be made to avoid injuring the person.
 - C. Seek professional attention. ¹³
- 4. IF THE MENTALLY ILL PERSON IS TO BE TAKEN INTO CUSTODY AND HELD IN A REGULAR DETENTION FACILITY:
 - A. Protect the citizen, department and yourself.
 - B. Be sure to remove anything which may be harmful.
 - C. Place the person in a separate cell, under close surveillance.
 - D. Keep in mind that emotionally disturbed persons sometimes display perverse ingenuity in finding ways to injure themselves. ¹⁴

**"TOGETHER, WE CAN MAKE A DIFFERENCE
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES**

5. DURING ROUTINE ARRESTS OFFENDERS SOMETIMES SHOW SYMPTOMS OF MENTAL INSTABILITY OR SUICIDE TENDENCY. IF THIS IS THE CASE:

- A. Check to see if your prisoner's name appears on the department's file of such persons.
- B. If so, when his/her symptoms are strong, take appropriate safety precautions.
- C. Protect yourself by keeping a logbook and record the times when the subject was checked and who did the checking.
- D. If the offender show symptoms of poor health or complains of physical illness, seek medical attention promptly.
- E. Record all medical information in your log.
- F. Ask the person if he/she is on medication and, if so, obtain medicine as needed.¹⁵

SUMMARY

YOUR ATTITUDE IS THE KEY TO SUCCESS IN HANDLING PEOPLE WHO ARE MENTALLY ILL. AS LONG AS YOU REMAIN CALM, FRIENDLY, AND CONSIDERATE FEW PERSONS WITH EMOTIONAL DISORDERS WILL GIVE YOU TROUBLE. VERY OFTEN THESE PEOPLE ARE ISOLATED AND WITHOUT FRIENDS. ALTHOUGH YOU MUST KEEP ALERT FOR THE EXCEPTIONAL PERSON WHO BECOMES VIOLENT, EVEN THAT PERSON WILL BE EASIER TO CONTROL WHEN YOU KEEP A COOL, PROFESSIONAL ATTITUDE.¹⁶

VI. READING AND RESOURCES

TOLL-FREE NUMBERS

Alliance for the Mentally Ill

(800) 346-4572

PUBLICATIONS

Mentally Retarded and Mentally Ill Offender Task Force
Report: Carl Suter and Melody Heaps, Co-chairpersons.
Springfield, Illinois, 1984.

**"TOGETHER, WE CAN MAKE A DIFFERENCE
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES**

Variant Behavior: Police Science Services, Inc., 1974.

"TOGETHER, WE CAN MAKE A DIFFERENCE
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

REFERENCES

- 1 Illinois, Your Encounter with the Disabled, p. 1.
- 2 Loc. cit.
- 3 Loc. cit.
- 4 Loc. cit.
- 5 American Heritage Dictionary, p. 839.
- 6 Ibid., p. 1000.
- 7 Illinois, Law Enforcement and the Disabled, p. 3.
- 8 Ibid., p. 4.
- 9 Loc. cit.
- 10 Loc. cit.
- 11 Ibid., p. 5.
- 12 Loc. cit.
- 13 Loc. cit.
- 14 Ibid., p. 6.
- 15 Loc. cit.
- 16 Loc. cit.



Chapter VII

PERSONS WITH DEVELOPMENTAL DISABILITIES (MENTAL RETARDATION)

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

CHAPTER SEVEN
PERSONS WITH DEVELOPMENTAL DISABILITIES (MENTAL RETARDATION)

ADVANCE ORGANIZERS

- * Mental developmental disability or retardation refers to persons who have below average intellectual and social functioning.
- * Authorities estimate that approximately three percent of the population is mentally retarded. This condition is distinct from mental illness.
- * There are four general levels of mental retardation. They are mild, moderate, severe/profound, and that associated with Down's Syndrome. They represent the degree of difficulty a person has in learning.
- * Persons who are mentally retarded may be prone to criminal victimization since they are usually non-violent, trusting persons.
- * With extra patience they may effectively serve as witnesses.
- * Police should make every effort to make mentally retarded persons feel safe and comfortable in their regular contacts.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

CHAPTER SEVEN
PERSONS WITH DEVELOPMENTAL DISABILITIES (MENTAL RETARDATION)

I. INTRODUCTION

Mental developmental disability or retardation refers to persons who have below average intellectual and social functioning in major areas of life.¹ In other words people who are mentally retarded have a decreased ability to learn. Authorities estimate that approximately three percent of the population is mentally retarded, which is a condition distinct from mental illness.²

Persons with mental retardation are living and working in the community. Many live independently in group homes, apartments, foster homes, or with family members. They go shopping, to church and the movies. In other words, persons who have developmental disabilities enjoy participating in the same activities as any other member of the community. A significant number work in competitive employment and live full, productive lives. Still, some have differing needs requiring specialized care and programming.

It is probable that you will encounter a person who is mentally retarded during your career as a law enforcement officer. Consequently, if you know how to recognize and deal with these citizens, your efforts will be mutually beneficial.

II. LEVELS OF RETARDATION

Four general levels of mental retardation have been established. They are mild, moderate, severe/profound, and that associated with Down's Syndrome.³ These levels reflect the degree of difficulty a person has in learning. As many as 90 percent of the persons who have developmental disabilities have comparatively minor functioning in the mild or moderate range affecting learning and social functioning.⁴

Persons who have a severely retarded condition frequently have physical disabilities in addition to mental retardation. Often manifesting poor judgement, they can be subject to exploitation by others.

These persons require supervision at home or in employment. If you encounter a person who is severely retarded, an offer of productive assistance is warranted. In

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

many cases, the person might have become separated from a family member or other assistant.

Persons who are mentally retarded have the same needs as all members of the community. That is to be loved, feel important and worthwhile while having a sense of worth and human dignity.

III. POLICE SITUATIONS

1. Victims of a Crime. Persons who are mentally retarded may be taken advantage of since poor judgement lends itself to being open to suggestions. They are usually non-violent, trusting persons.⁵ For example, a person who is mentally retarded may be lured into a back alley and then robbed or beaten because he or she was unable to recognize the danger of the situation.

Similarly, a person who is mentally retarded may be unknowingly involved in a crime. For example, there have been cases of these individuals transporting illegal items, thinking at the time they were doing a favor for a friend.⁶ Often, these individuals are subject to verbal, physical, or sexual abuse.

It is possible that the person will not know that he or she has been victimized. In these cases, while securing the required investigatory information, it may be necessary to explain what has happened.

2. Witness to a Crime. Persons who are mentally retarded can serve as effective witnesses. However, extra patience may be required. It is important to remember that a person who is retarded may have a short attention span and experience problems in abstract thinking.⁷ They usually do not knowingly lie but could distort the truth.
3. Offender. If you encounter a suspect who is mentally retarded, every effort should be made to seek a method that takes into account their social and behavioral insight. The officer should make a diligent effort to determine their needs. This is especially so since the suspect may not understand his or her civil rights. Their impaired ability to reason and understand their actions could lead to tragic consequences.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

4. Regular Police Contacts. It is extremely important to keep the following points in mind when you encounter a person who is mentally retarded:
- A. Make the individual feel safe and comfortable.
 - B. Assure the person that you are a friend, and try to calm him or her if agitated.
 - C. Use a normal tone of voice, average speech and a non-threatening attitude that will yield responses to your questions. Proceed slowly to be sure the person understands your questions and his/her rights.
 - D. Use patience. This will greatly reduce the anxiety of a person who is mentally retarded so that he/she may answer the question with less confusion. Often your contact will be the result of a situation where you are required to intervene rather than apprehend the person who is mentally retarded. Start with questions that are clear and answered with either a "yes" or "no". Look for identification in wallet as well as medic alert tags. If you need assistance, contact one of the following: county office of MH/MR, local association for retarded citizens, guidance center, vocational rehabilitation office, mental health/ mental retardation center, health department, or special education department of the local school system. ⁸

IV. READING AND RESOURCES

TOLL-FREE NUMBERS

Alliance for the Mentally Ill

(800) 346-4572

PUBLICATIONS

Mentally Retarded and Mentally Ill Offender Task Force

Report: Carl Suter and Melody Heaps, Co-chairpersons.
Springfield, Illinois, 1984.

Norley, Delores. Material for Police Training in Recognizing and Handling Retarded Citizens: National Association of

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

Retarded Citizens, Arlington, Texas.

Variant Behavior: Police Science Services, Inc., 1974.

Wood, H.W. Retarded Persons in the Criminal Justice System:
American Correctional Association, College Park,
Maryland, 1976.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES

REFERENCES

- ¹ Illinois, Your Encounter with the Disabled, p. 12.
- ² Loc. cit.
- ³ Loc. cit.
- ⁴ Loc. cit.
- ⁵ Illinois, Law Enforcement and the Disabled, p. 26.
- ⁶ Loc. cit.
- ⁷ Ibid., p. 27.
- ⁸ Ibid., p. 13.



Chapter VIII

OUTREACH TO THE DISABLED POPULATION

**"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES"**

**CHAPTER EIGHT
OUTREACH TO THE DISABLED POPULATION**

ADVANCE ORGANIZERS

- * Critical to the success of any community programming is presenting the service to the public in a manner they find appropriate.
- * Access is defined as real and perceived. Real access is what you provide for your citizen-client. Perceived access relates to how citizens view your real access.
- * Many disabled persons feel that police services are available but not in a manner that takes into account their special needs. If the police do not achieve perceived access, their ability to serve the disabled population will mean very little.
- * Outreach is a means to raise the level of perceived access. This is usually accomplished by public awareness efforts.
- * Knowledge about how to serve disabled persons will have little practical value if they are not educated about services and encouraged to use them.

"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES"

CHAPTER EIGHT
OUTREACH TO THE DISABLED POPULATION

I. INTRODUCTION

Critical to the success of this or any other type of community programming is presenting the service to the community in a manner they find appropriate. Access to services can be viewed in two ways: real and perceived.¹ Real access has to do with:

1. The physical entry to your building and office space;
2. The availability of interpreter services and communication devices for hearing impaired citizens; and,
3. Your adaptability in meeting the special needs that persons with disabilities may have.²

In other words, real access is what you provide for your citizen-client.

Perceived access has to do with how disabled persons view your service when they have never utilized it before. It is how they perceive your real access.

Many police departments do not think in terms of providing special services for the disabled when their services are available to the public at large. They perceive no reason to provide outreach to a specific group of citizens.

These departments provide real access but probably have little perceived access because disabled persons tend not to think of general social services as being accessible to them. If they know about police sponsored community programs they probably think of them as programs that serve only the able-bodied population. They do not believe that services would turn them away, only that their individual needs could not be met. This low level of perceived access to criminal justice services is, unfortunately, based on historical reality.³

This manual provides the police officer with information on how to achieve real access. If you do not achieve perceived access as well, your ability to serve the disabled

**"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES"**

population means very little. In practice you will have few opportunities to utilize your skills since there will be few disabled clients.

II. OUTREACH

Outreach is a means to raise your level of perceived access among the disabled constituency. The main approach is advertising the availability of your department's services to disabled persons.

Advertising does not have to be a very expensive or time-consuming undertaking. It can be accomplished by a few telephone calls placed to strategic organizations of and for disabled persons in your community. Let them know of your existence and the special services you may provide to their constituency. These organizations have contact with disabled persons and can supply information about your department's services to them. If they publish a newsletter, find out if they would print a small ad or article in it about your service.

Customarily advertising in these special interest publications is inexpensive and, sometimes, is free. When a disabled person sees an advertisement in a publication specifically intended for him or her, the person will assume real access exists.

Your contact with local organizations that serve disabled citizens should have additional benefits. You can exchange information with other professionals and disabled consumers. If your department conducts workshops perhaps a disability group would agree to co-sponsor such workshops for their members or local constituency. Perhaps the organization would be willing to do a workshop for your police and citizen leaders on one or more specific disabilities. Mutual education efforts will go a long way to improve your perceived access and increase your ability to provide real access.

If your police community relations officer normally advertises in the mass media, make it known that you can serve special populations. You need not say specifically that you serve the disabled population, but simply that you provide services for persons with special needs. Or you may want to include the graphic international symbol of access (i.e. the line drawing of a person in a wheelchair often seen in public parking lots, doorways, rest-rooms, etc.). If you

**"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES"**

use this symbol, however, your facility must be totally accessible. If you have a TDD number, list it in the ad.

Your own brochures can include specific descriptions of your services for the disabled: "accessible building," "TDD," "interpreter services available," are examples of things to consider. If your own brochures are already printed in quantity, consider getting an ink stamp that reads, "Services For Special Needs," or one with the access symbol on it. TDD numbers should also be stamped on brochures.

Remember that blind and deaf persons watch TV. Make your television spots accessible to them by using print as well as voice to communicate specific information like the name of your service, its address and telephone number.

You might consider having your public service announcements captioned so that they are accessible to hearing impaired persons.

Your knowledge of how to serve disabled persons will have little practical value if they are not educated about your department's services and encouraged to use it. If disabled persons are to seek your help in preventing and prosecuting crime, you must let them know that they can reasonably expect their police to serve them.

III. READING AND RESOURCES

TOLL-FREE NUMBERS

<u>ABLEDATA (Information on disabilities and commercially available aids)</u>	(800) 447-4221
<u>Coalition of Citizens with Disabilities</u>	(800) 433-8848

**"TOGETHER, WE CAN MAKE A DIFFERENCE"
A POLICE ORIENTATION MANUAL ON PERSONS WITH DISABILITIES"**

REFERENCES

- 1 Per-Lee, Victim Justice for Disabled Persons, p. 65.
- 2 Loc. cit.
- 3 Ibid., p. 66.

BIBLIOGRAPHY

Books

Gustason, Gerilee, Psetzinz, and Zawolkow, Signing Exact English, Modern Science Press, Silver Spring, MD., 1975.

Holcomb, Roy, The Hazard of Deafness, Joyce Media, Inc., Northridge, California, 1977.

Harris, Louis, Inside America, New York, 1987.

Jacobs, Leo, A Deaf Adult Speaks Out, Gallaudet College Press, Washington, D.C., 1980.

Jernigan, Kenneth, Blindness-Concepts and Misconceptions, National Federation of the Blind, Baltimore, Maryland.

Namir, Lila and Schlessinger, Sign Language and the Deaf, Academic Press, New York, 1978.

Government Publications

Chicago Police Department, Chicago, Illinois, Law Enforcement and the Handicapped.

Department of Rehabilitative Services, State of Illinois, Understanding Your Hearing Impaired Client, Springfield, Illinois.

Office of the Secretary of State, State Of Illinois, Your Encounter with the Disabled, Springfield, Illinois, 1990.

-----, Law Enforcement and the Disabled, Springfield, Illinois, 1985.

-----, Law Enforcement and the Disabled Study Guide, Springfield, Illinois, 1985.

-----, A Guide to Services for Persons with Disabilities Springfield, Illinois, 1988.

Office of Vocational Rehabilitation, Department of Labor and Industry, Commonwealth of Pennsylvania, Pennsylvania OVR Needs Assessment, Harrisburg, PA, 1989.

Rochester Police Department, Orientation to Deafness, Rochester, New York, 1980.

State of Illinois, Mentally Retarded and Mentally Ill Offender Task Force Report, Springfield, Illinois, 1988

United States Department of Health and Human Services, EMS and the Hearing Impaired: Overcoming the Barrier, Washington, D.C., 1981.

United States Government Accounting Office, Persons with Disabilities: Report on Costs of Accommodations, Washington, D.C., 1990.

Miscellaneous Publications

American Association of Retired Persons, Law Enforcement and Older Persons, Washington, D.C., 1980.

American Correctional Association, Retarded Persons in the Criminal Justice System, College Park, Maryland, 1976.

American Foundation for the Blind, Facts About Visual Impairment, New York.

-----, How Does A Blind Person Get Around?, New York.

National Association of Retarded Citizens, Material for Police Training in Recognizing and Handling Retarded Citizens, Arlington, Texas.

National Council of Senior Citizens, Effective Responses to the Crime Problem of Older Americans: A Handbook, Washington, D.C., 1982.

-----, Effective Responses to the Crime Problem of Older Americans: An Instructor's Guide, Washington, D.C., 1982.

National Easter Seal Society, Awareness is the First Step Towards Change: Tips for Portraying People with Disabilities in the Media, Chicago, Illinois.

National Federation of the Blind, Blindness: Concepts and Misconceptions, Baltimore, Maryland.

National Institute on Disability and Rehabilitation Research, Law Enforcement, Justice, and People with Disabilities, Washington. D.C., 1987.

-----, Disabled Americans: Self Perceptions, Washington, D.C.

National Institute on Mental Retardation, Law Enforcement and Handicapped Persons: An Instructor's Training and Reference Manual, Toronto, Canada, 1975.

Per-Lee, Myra, Victim Justice for Disabled Persons: A Resource Manual, Gallaudet College, Washington, D.C.,

Police Science Services, Inc., Variant Behavior, 1974.